

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

March 21 1981

PSNC attacks
Dr Vaughan's
proposals

Numark Paris
convention:
launch of
data terminals
and finance
with NPA

NPA advice on
scripts worth
less than £1

Homeopathy
SPECIAL
FEATURE



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	* Diazepam B.P. 2mg	1000	£ 3.50	
	* Diazepam B.P. 5mg	1000	£ 4.50	
	* Diazepam B.P. 10mg	1000	£ 8.00	
	* Frusemide B.P. 40mg	1000	£14.00	
	* Indomethacin B.P. 25mg	500	£14.00	
	* Metronidazole B.P. 200mg	250	£ 6.00	
	* Nitrazepam B.P. 5mg	1000	£ 7.80	
	* Oxytetracycline B.P. 250mg	1000	£17.00	
	* Propranolol B.P. 10mg	500	£ 7.84	
	* Propranolol B.P. 40mg	1000	£36.63	
	* Propranolol B.P. 80mg	500	£27.37	
	* Propranolol B.P. 160mg	100	£11.64	
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	Aminophylline. B.P.	Tablets 100mg.	500	£ 2.95		
	Amitriptyline B.P.	Tablets 10mg.	1000	£ 4.90		
	Amitriptyline B.P.	Tablets 25mg.	1000	£ 9.50		
	Ampicillin. B.P.	Capsules 250mg.	1000	£30.00.		
	Ampicillin B.P.	Capsules 500mg.	500	£30.00.		
	Ascorbic Acid B.P.	Tablets 100mg.	100	£ 0.50.		
	Ascorbic Acid B.P.	Tablets 200mg.	100	£ 0.85.		
	Bendrofluazide B.P.	Tablets 2.5mg.	1000	£ 3.00.		
	Calcium Gluconate B.P.C.	Tablets 600mg.	500	£ 5.25		
	Calciferol B.P.	Tablets 1.25mg.	1000	£ 6.20		
	Calcium & Vit.D. B.P.C.	Tablets	1000	£ 5.80		
	Chlorpromazine B.P.	Tablets 25mg.	1000	£ 2.90		
	Chlorpromazine B.P.	Tablets 50mg.	1000	£ 5.40		
	Chlorpromazine B.P.	Tablets 100mg.	1000	£ 8.80		
	Chlorpropamide B.P.	Tablets 100mg.	250	£ 3.00.		
	Chlorpropamide B.P.	Tablets 250mg.	500	£11.00.		
	Codeine Phosphate B.P.	Tablets 15mg.	250	£ 4.30.		
	Codeine Phosphate B.P.	Tablets 30mg.	250	£ 7.77.		
	Codeine Phosphate B.P.	Tablets 30mg.	500	£12.50.		
	Codeine Phosphate B.P.	Tablets 30mg.	1000	£24.50.		
	Codeine Phosphate B.P.	Tablets 60mg.	250	£16.22.		
	Co-Trimoxazole B.P.	Tablets 250mg.	500	£34.00.		
	Digoxin B.P.	Tablets 250mcg.	1000	£ 2.60		
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	Erythromycin B.P.	Tablets 250mg.	500	£24.80		
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	Methyldopa B.P.	Tablets 500mg.	500	£28.60.		
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	Nicotinamide B.P.C.	Tablets 50mg.	1000	£ 2.25.		
	Nicotinic Acid B.P.	Tablets 50mg.	1000	£ 2.25.		
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	Paracetamol B.P.	Tablets 500mg.	1000	£ 3.95.		
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	Penicillin V B.P.	Capsules 250mg.	1000	£17.89		
	Phenobarbitone B.P.	Tablets 30mg.	1000	£ 1.50.		
	Phenobarbitone B.P.	Tablets 60mg.	1000	£ 2.20.		
	Phenylbutazone B.P.	Tablets 100mg.	1000	£ 3.00.		
	Phenylbutazone B.P.	Tablets 200mg.	500	£ 3.50.		
	Phenytoin B.P.	Tablets 50mg.	1000	£ 3.80.		
	Phenytoin B.P.	Tablets 100mg.	1000	£ 4.40.		
	Prednisolone B.P.	Tablets 1mg.	1000	£ 3.10.		
	Prednisolone B.P.	Tablets 5mg.	1000	£ 6.00.		
	Prednisone B.P.	Tablets 1mg.	1000	£ 3.10.		
	Prednisone B.P.	Tablets 5mg.	1000	£ 6.00.		
	Promethazine B.P.	Tablets 25mg.	500	£ 2.50.		
	Reserpine B.P.	Tablets 0.25mg.	500	£ 2.00.		
	Tetracycline HCL B.P.	Capsules 250mg.	500	£ 7.00.		
	Tetracycline HCL B.P.	Tablets 250mg.	1000	£ 9.95.		
	Thiamine Co. B.P.C.	Tablets	1000	£ 2.10.		
	Thiamine Co. Strong. B.P.C.	Tablets	1000	£ 2.75.		
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COMMENT

Exposed!

Contractor pharmacists have long criticised the complicated nature of their remuneration and have called for simplification, claiming that they were inadequately informed about what the negotiators were doing on their behalf—and unable to understand when they were told. This has led to the dealings between the Pharmaceutical Services Negotiating Committee and the Department of Health being made public only when PSNC had reached the end of a road, and required active support in the form of letters to MPs, petitions, etc.

Not surprisingly, therefore, the PSNC has often had to take stick from dissatisfied contractors who have felt that it was inactive, not tough enough, or simply incompetent. Some have turned to alternative representation for their salvation—over the years the Chemists Action Group, Counterbalance, ASTMS (in several guises) come readily to mind.

But in the past couple of weeks the negotiations have been conducted in the full glare of publicity and at breathtaking speed. Perhaps “negotiations” is too kind a word, because for once contractors have seen the Government machine—whether it be devious officials or politicking politicians—putting PSNC's past year's progress back to square one without so much as a by-your-leave.

The latest missile from PSNC covers much of the ground exposed at the LPC conference and reported in *C&D* last week, but during the week the Minister for Health, Dr Vaughan, has confirmed in the House that even on reflection he has had no second thoughts about tearing up the existing cost-plus contract unilaterally.

PSNC's letter in reply is devastating

(p524), making great play of the fact that removal of the cost-plus basis is tantamount to tearing up the Department's own evidence to the Franks panel.

PSNC's (often correct) policy has been to keep negotiations quiet, thus allowing politicians who put their foot in it to extricate themselves in private. However, Dr Vaughan came to the conference to tell everyone how generous he had been, leaving PSNC with no option but to expose the fallacy.

Contractors now see for themselves the frustrations faced by their negotiators, and having had their appetites whetted they will want to witness further instalments. However, they could well be disappointed—unless, that is, Dr Vaughan is prepared to publicise another U-turn.

More likely—and in the long term probably more profitable from contractors' point of view—the questions could soon go to the promised review panel. That panel will have much work to do, because in the light of the Minister's latest warnings it will need first to review the evidence and findings of the Franks panel—review them, obviously, to make the recommendations even more favourable to pharmacy.

In fact, PSNC could not have asked for a better example of Departmental double-dealing to place before the panel, once it is set up. The evidence, all fully on record, must surely condition the panel members to examining closely every claim and move the Department makes in future dealings. ■

Threat to index-link 'contradicts DHSS evidence to Franks'

The Minister for Health's repudiation of the cost-plus contract contradicts DHSS evidence to the Franks panel, according to the Pharmaceutical Services Negotiating Committee.

That allegation is contained in the Committee's formal reply to the Department's offer, rejected by PSNC last week. The main parts of PSNC's letter are set out below.

Accrued balance

The Committee has a clear understanding of the agreement reached in June 1980. This understanding was confirmed by your statement to the House of Commons and the general position was clearly set out in Mr A. J. Smith's letter of December 19, 1980, and does not need further repetition. It is significant that at the meeting held on November 24, 1980, the Department's team used the expression "what we had meant to convey was . . .". The Committee cannot therefore accept either that contractors should be required to pay for an internal Departmental error, or that acceptance of the Committee case should be conditional upon the introduction of an increased interim discount scale, there being no interdependence between the two items.

Discounts

The Committee rejects your proposal that the interim discount scale of an average level of 5 per cent be introduced with effect from March 1, 1981. This is in clear contravention of the June 1980 agreement and again confirmed by yourself to the House of Commons that the average rate will be kept at 1.54 per cent pending receipt of the discount inquiry findings.

Notional salary

The Committee rejects your offer to increase the proprietor's salary by 14 per cent over the 1979 figures. You seek to justify this offer by reference to increases given elsewhere in the

public service, but the Committee cannot accept that these are relevant.

The Committee would draw your attention to the letter of April 10, 1980, received from your Department on the subject of superannuation. This states that in the view of the Department, proprietors should make provision for their retirement "in the same way as their fellow self-employed businessmen". Proprietors are thus clearly categorised in the private sector and this status has been confirmed by the Department's evidence to the Franks panel and in correspondence generally.

It is therefore logical and reasonable that the proprietor's salary for 1980 should be determined by reference to the movement in earnings in the private sector and for this purpose the increase in the Boots' managers salary index should be applied to avoid discrimination between pharmacists, proprietors and managers. This index has been traditionally used and formed the basis of the agreement reached between the Committee and yourself in respect of the proprietors salary for 1979.

The Committee is distressed that you should seek to set aside the formula which has been of proven value for many years in enabling agreement to be reached in this major item of remuneration.

For the same reason as given above the Committee reaffirms its claim set out in its letter of September 11, 1980, that the employer superannuation contribution should be determined by reference to a private sector analogue. Conversely, if comparison is to be made with the public sector, allowance must be made for the provision of index-linked pensions, shorter working hours, sick pay and other conditions of employment.

Review panel

The Committee is pleased to note your confirmation to the Conference that the nominee of the president of the Law Society (as yet unnamed)

is acceptable to you as chairman of the panel. The Committee will be pleased to receive your further confirmation that letters of invitation have now been sent to the other members of the panel.

CRCs

The Committee notes your comments that the additional container allowance of 0.3p will apply to all prescriptions dispensed in CRCs on or after March 1, 1981, but would point out that this statement is at variance with the offer contained in your letter of February 18, 1981, and already accepted by the Committee. You will appreciate that the allowance must be paid on a per prescription basis and not restricted only to prescriptions dispensed in CRCs.

The Committee shares your view that the container cost inquiry should proceed as soon as practicable but gives notice of its intention to seek compensation for the additional time spent by pharmacists and other staff in explaining the operation of CRCs to patients.

Property costs

The Committee wishes to express its serious concern at the omission of any reference in your letter to the property cost dispute which has remained unsettled since 1973. The Committee noted your statement to the conference that the claim had now been returned from the valuation department of the Board of Inland Revenue and is now back in the hands of your officers. The Committee also noted that you will be making a proposal on this subject and looks forward to its early receipt.

Reimbursement of costs

The Committee again noted your statement to the conference that your Department does not intend to reimburse to contractors the full quantum of NHS costs incurred in 1981, the level of reimbursement being calculated by reference to arbitrary cash limit factor percentages. This proposed action would destroy the foundation of the NHS contract.

The Committee would remind you that your Department, in its evidence to the Franks panel, made the following statement: "The NHS dispensing contract guarantees pharmacists as a whole that they will receive full reimbursement of all

relevant operating costs even if these prove to be higher than expected".

This statement constituted the corner-stone in your Department's argument with the NHS contract as non-risk and therefore deserving of a minimal profit margin. If it is your intention to proceed with the proposed action, the Department's evidence can be seen to have contained a glaring untruth from which conclusion may be drawn.

The Secretary of State is required by regulation to consult before reviewing the terms of service and any changes must be subject to a period of notice, but as yet no formal consultation has taken place.

Your proposal would be retrospective in its operation, having been made a considerable time after the commencement of the year to which it is intended to relate. You will be aware that many contractors will have already completed salary and wage negotiations reflecting the requirements in terms of service that they shall observe wages approved by the National Joint Industrial Council for Retail Pharmacy, and your proposal effectively over-rides their terms of service.

The effect of under-reimbursing the costs of providing the NHS pharmaceutical service would be to erode the recently-agreed profit formula and the Committee therefore requests that you withdraw the proposal.

The Committee is concerned at the deterioration in the pharmaceutical service which must inevitably result, if the package of proposals set out in your letter is implemented. It would now appear that the agreement reached in June 1980 has done little to restore normal relations between the Department and contractors and this could only be deplored. The Committee look to you for an early response in these matters and representatives are available for discussion as necessary. ■

January sales

Retail sales of all chemists rose by 18 per cent in January to an index of 141 (1976=100), according to the Department of Industry.

There was a 9 per cent increase in sales of all businesses (index 161), with a 4 per cent increase (index 125) for small businesses (turnover less than £1 million in 1976). Large businesses showed an increase in sales of 11 per cent (index 184), of which co-operative societies increased sales by 10 per cent (index 160). Combined sales by chemists and photographic goods dealers rose by 16 per cent to an index of 145. NHS receipts are not included. ■



NI contractors opt for 'basic practice'

The Northern Ireland Pharmaceutical Contractors Committee has accepted an interim basic practice allowance of £150 a month for each pharmacy.

The payment is from October 1, 1980, and is pending a final agreement by the Pharmaceutical General Council (Scotland) to introduce a basic practice allowance for Scottish pharmacies.

The PCC has decided that, in the best interests of the profession, a basic practice allowance should be incorporated into the NHS contract and has therefore made strong representations to the Pharmaceutical General Council that they should agree to introduce one as soon as possible. The interim payment in Scotland takes the form of an additional 7p per prescription.

To correct an underpayment, the PCC has also agreed that a single sum of £25 should be paid to each pharmacy and this should be received, together with the interim allowance, during April.

A pre-registration allowance of £1,265 has been agreed with officials of the DHSS and, although an understanding has been reached in principle over the Belfast rota and on-call scheme, further discussions are needed. ■

Pay rise for supermarket staff

Over 150,000 workers employed by leading supermarket companies are expected to receive pay increases ranging from £5 a week or 9.45 per cent on earnings, whichever is the higher, for the lowest grade assistant.

Negotiators of the Union of Shop, Distributive and Allied Workers are recommending the new settlement with

Sir Austin Bide (right) unveils the commemorative plaque of Vestric's new head office. The Mayor of Halton, Mrs Catherine Gerrard, who represents the Borough of Halton in which Runcorn is situated, and Mr Peter Worling, managing director of Vestric, are also pictured

the Multiple Food Retailers' Employers' Association, which means a minimum rate for a full-time worker employed 39 hours a week, including Saturday, of £60.20. All other adults, from managers to check-out operators, will receive a 9.16 per cent increase in earnings. London assistants will receive about 9.9 per cent on the basic rate.

Holiday entitlement has been improved to give a worker with over 12 months' service four weeks' holiday instead of the present three. All other staff will gain an extra three days' holiday. The recommended settlement, if accepted by a vote of the USDAW members concerned, will operate from April 13. ■

ASA on promotions

The Code of Advertising Practice committee sales promotion sub-committee has issued a guidance note on promotional packs.

Purchases of promoted goods are made regularly throughout the UK by the ASA, and recent purchases have revealed that a number of manufacturers have misinterpreted the spirit of the Code relating to the presentation of certain offers.

Promoters are advised by ASA that where consumers have to buy the product to qualify for the promotion they should be made aware, before purchase, of any factors which might affect their decision to buy. Details such as the need for extra purchases should be prominently distinguished from surrounding material.

In the case of promotions with prizes all conditions of the promotion should be featured and available before purchase. ■

NPA gives advice on scripts costing less than £1

The National Pharmaceutical Association is giving members the following advice on what to do when NHS prescriptions are presented for medicines with a retail value less than £1:

"There is no obligation on a patient to have an NHS prescription dispensed. If a patient discovers, or is told by the pharmacist, that a particular item is cheaper than £1 when purchased over the counter, that patient may elect to buy it rather than have the prescription dispensed on payment of the £1 prescription tax. The prescription should then be endorsed 'Not dispensed' and if there is only one item on the form it can be handed back to the patient or sent to the pricing bureau in the usual way. If there are other items on the form it will naturally be sent for pricing after endorsement.

"Remember that this procedure applies only to medicinal items that can be lawfully sold over the counter. Controlled Drugs and POMs can only be dispensed on prescription and a patient who requires such items must pay the prescription tax even if it exceeds the 'retail' value of the item prescribed."

Reading spectacles

The NPA Board of Management, meeting on February 24, decided to warn NPA members that OTC sales of "reading spectacles" not supervised by registered opticians or medical practitioners were probably unlawful under the Opticians Act 1958. Pharmacists who offered such spectacles for sale risked prosecution by the General Optical Council.

The Board felt that, apart from legal considerations, people with failing or defective sight should have professional attention, available at little cost through the NHS, rather than treat themselves.

■ Concern was expressed at the way information about the new BNF had been released to the media and that the Formulary came into force only two weeks after it had been received by members. Previous Formularies had been received by pharmacists one month in advance of doctors so that stocks could be adjusted where necessary and members could familiarise themselves with the contents. A letter of protest would be sent to the Joint Formulary Committee requesting that the accepted procedure be followed for future editions.

■ The Board noted an editorial recommendation to readers of the new medical weekly, *Doctor's Answers*, "to choose and form a relationship with a local pharmacist who knows the medicines that you usually take and your medical background and so can give you so much more satisfactory advice when it is needed". The choice of a regular pharmacist, it went on, was almost as important as the choice of a doctor. Pharmacists were qualified professional people who had undergone a long training and whose knowledge of what could go wrong—and how medicines could put it right—was second only to the doctors'. They worked under a strict code of professional conduct and could therefore be relied on to give unbiased advice and would "not hesitate to refuse to sell you medicine if they think you ought to be having medical advice instead—even though they are the poorer for doing so".

■ The Board decided to offer to assist the Department of Health in distributing through pharmacies educational material, possibly multi-lingual information leaflets, aimed at combatting the increasing incidence of rickets.

■ Concern was expressed at the continuing downward trend in gross OTC profit margins offered by manufacturers' basic prices. After considering a particular example where gross margins had been reduced to 20 per cent, the Board decided to seek further information about profit margins on the products of Beecham, International Chemical Co, Optrex, Reckitt & Colman and Sterling Health.

■ The Board accepted a recommendation from the Business Services Committee that the existing NPA branch system be allowed to continue unchanged and that an edited version of the report be sent to all NPA branch secretaries for information.

■ Following the deletion from the latest BNF of traditional formulas, the office would see what steps were necessary to ensure that this information was still available to members in handy reference form. The Association's Compendium of Past Formulae and its Supplement already covered the main deletions from the National Formularies of 1933-1976.

■ The Board expressed its appreciation to Vichy UK Ltd for providing free binders to NPA members for protecting their NPA Guides. This had cost the company over £7,500.

■ Well over a thousand members had shown interest in the 25 per cent discount arrangement with Private Patients Plan and about three-quarters had also requested a supply of application forms for display on pharmacy counters.

■ Mr Tim Astill, deputy secretary, has been elected vice-chairman of the Trade and Professional Alliance and a member of the board of management of its parent body, the National Chamber of Trade.

■ Among other matters discussed during the meeting were the geographical distribution of pharmacies, the EEC draft Directive on the mutual recognition of diplomas and the free movement of pharmacists within the EEC, small multiples in NPA membership, Revlon's draft dealer agreement, the Pet Health Council, pharmacy manpower levels, length of the pharmacy degree course and pre-registration training, Gillette advertising and the invisible marking of Controlled Drugs with a security pen. ■

Founders sought for new college

The Pharmaceutical Society is inviting members who have been registered for 10 years or more to become founder members of the new College of Pharmacy Practice.

Founder members must commit themselves to a covenant for the donation of a minimum of £100 a year for four years, after which they will be admitted to practitioner membership of the college, without qualifying examination but subject to continuing education requirements and an annual subscription yet to be decided. Fellows of the Society have also been invited to become founder members.

The aim of the college, a registered charity based initially at the Society's headquarters, is to promote and maintain a high standard of pharmacy practice and, in particular, to advance education and training. ■

Prosper users top 1,600 mark

More than 1,600 independent pharmacists are now operating Prosper electronic ordering terminals, "making it the most widely used system of its kind in Europe", according to Unichem.

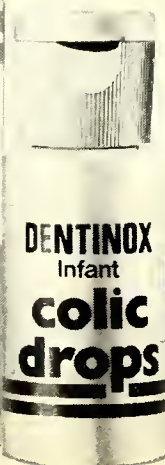
To cope with the increasing demand, the society is providing 500 units ahead of schedule, which are being installed at the rate of 25 a month. ■

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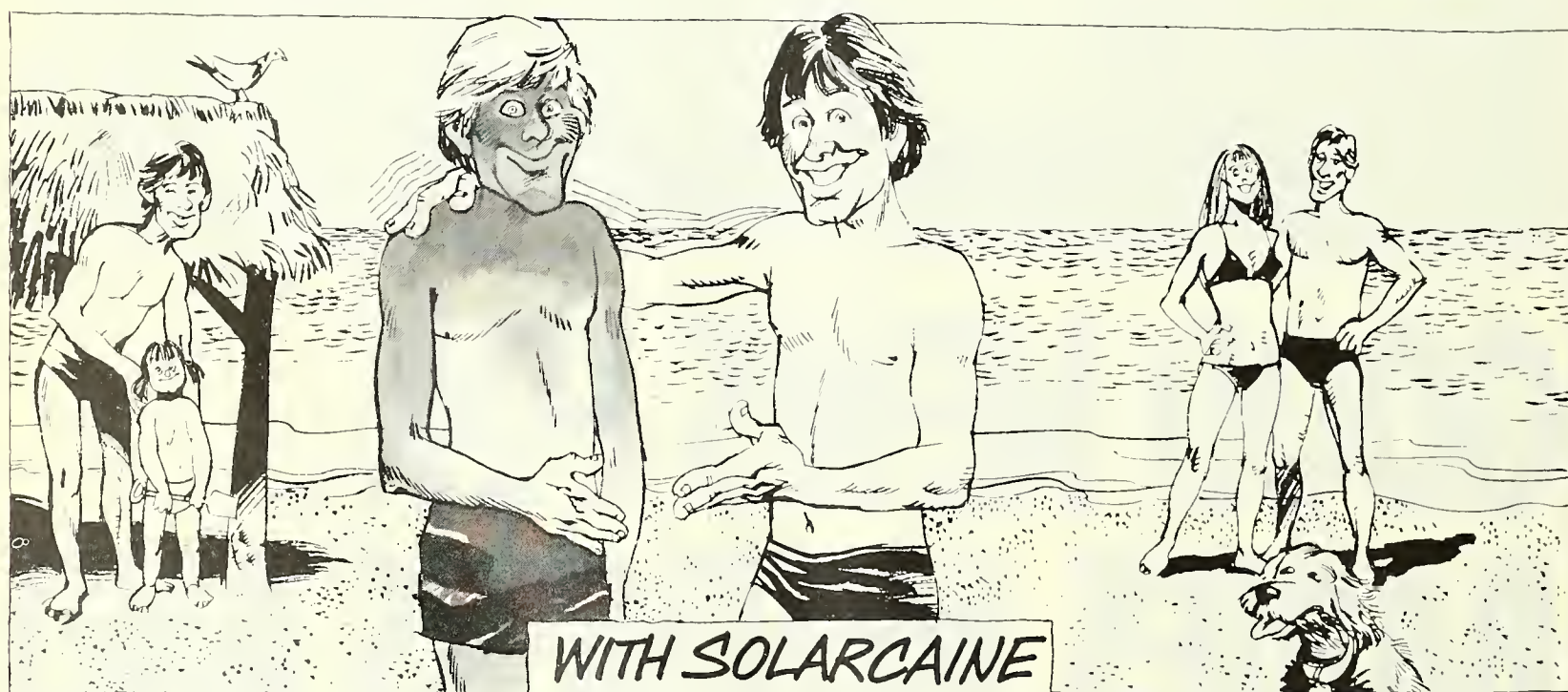
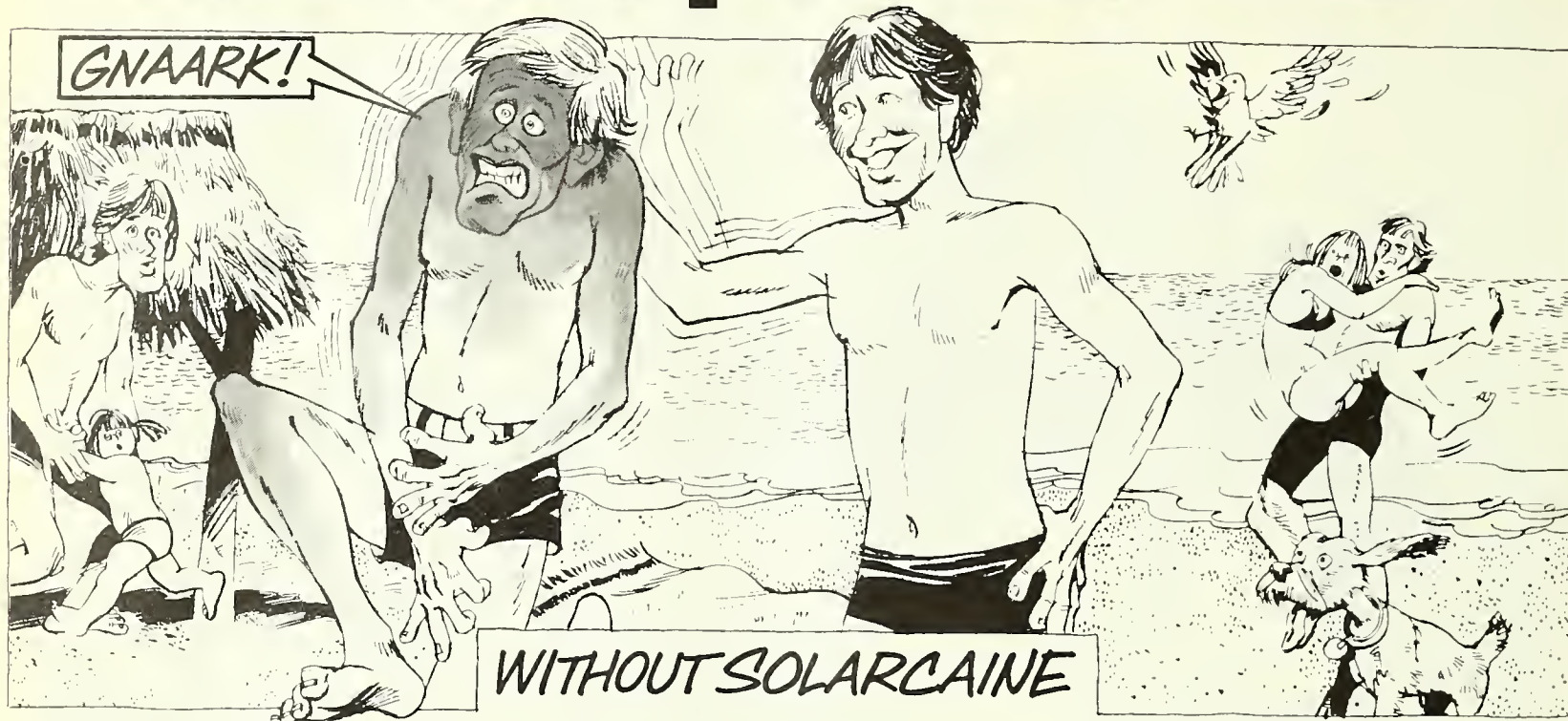
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Anything that can anaesthetize sunburn pain in seconds, deserves a pat on the back.



Solarcaine® works in a totally different way to ordinary sunburn remedies.

It contains a local anaesthetic Benzocaine, which relieves in seconds the agony of sunburn. At the same time allowing its healing emollient to get to work.

Not surprisingly this highly effective formula has made Solarcaine the world's best selling sunburn remedy.

To put it firmly on the map in Britain we'll be advertising heavily, in womens magazines and at point of sale.

Solarcaine comes in three forms, a lotion, a spray and a cream.

It will only be sold through chemists, and we'll soon be telling you more about a generous introductory scheme.

Not that you'll really need any incentive, because as well as being the world's fastest working sunburn remedy, Solarcaine is also going to be the fastest selling.

For more information, contact June Harpley, Plough (UK), 1-19 Penarth St., London. SE15 1TR. Tel: 01-639 4363.



*Registered trade mark
Plough (UK). Copyright Plough (UK) 1981

By Xrayser

BIRA officers

The British Institute of Regulatory Affairs has elected the following officers for the forthcoming year: Mr M. B. Arthur, chairman; Miss J. S. Robertson, vice-chairman; Mr R. R. Vercoe, secretary/registrars; Mr W. Oldfield, treasurer, and Mr R. K. Greenwood, chairman, education committee. Executive members elected to the governing body are Dr M. Martin and Dr J. I. Shaw; continuing to serve are Mr F. G. Farrell, and Mr P. Touch. ■

Mr Joseph Wright, FPS, director, National Pharmaceutical Association, is to retire at the end of May after over 33 years of service with the NPA. The Board of Management is inviting members and associates to contribute to a retirement gift. Cheques payable to "J. Wright Testimonial Fund" should be sent to Mr David Coleman, chairman, NPA, Mallinson House, 40 St Peter's Street, St Albans, Herts AL1 3NP. ■

Deaths

Smith: On March 9, Victor Smith, last head of the former school of pharmacy, Plymouth Polytechnic. ■

Tinegate: On March 10, after a long illness, Mrs Joyce E. Tinegate, FPS. Mrs Tinegate registered in 1943 and served as hospital group pharmacist in Warrington in the 1960s. During this period she acted as secretary to Liverpool Regional Pharmaceutical Committee, chairman of the local Guild of Public Pharmacists' branch, she held offices in the local branch of the Pharmaceutical Society and played a prominent part in the running of pharmaceutical advisory committees in the region. She was a founder member of the Mersey Pharmacy Technician Training Scheme. She transferred to the South West in 1972, becoming regional pharmaceutical officer, South Western RHA, in 1974, a post from which she retired in 1976. ■

News in brief

■ Chemists and appliance suppliers in Scotland dispensed 3,009,000 prescriptions in January at a gross average cost of £3.37.

■ The fourth edition of the London Hospital's Insulins Chart is now available (£0.25 plus postage) from the drug information centre, London Hospital, Whitechapel, London E1 1BB. Cheques should be made payable to the City & East London Area Health Authority.

Hare raising

Spring must be in the air, to judge by Dr Gerard Vaughan's performance at the LPC conference (last week, p472).

So I've filled my window with last year's suntan preps, all at pre-budget prices, and this year's bargain-basement sunglasses and lots of spring-holiday goodies. Plus some coconuts and an over-ripe pineapple or two . . . the wooden balls are in a container on the pavement (a CRC of course, with a typed label advising one ball for 0.3p).

Well, as I've just said, I read the reports and came to the conclusion that the Minister for Health (MH) was represented there by his alter ego, the March Hare (MH). The MH had apparently stopped off on his way South for a meeting with the Mad Hatter (MH) at No 11 muttering: "I'm late, I'm late for a very important date." It must have been an open-air tea party again because news of what was in the tea-pot reached the Sunday papers (leaked?) before the guests arrived or left.

But back to the breakfast show at the Pharmaceutical Society and the MH: "I really am on your side . . . I've agreed to an increase of 14 per cent on 1979's notional salary for 1980, but in 1981, well . . . I've just secured you an extra 0.3p container allowance for CRCs. I've ensured the funding of the essential small pharmacies scheme plus increased oxygen, basic practice allowance and rota fees, as well as making the latter more flexible . . . So what is the problem?"

Does he really want to know? Well, I'll tell him. The MH's hare-brained officials for starters, and their apparent inability to keep him informed. Then there's his idea of being on our side for another.

Just look at his letter of March 6 (written I understand on sugar-coated tablets and delivered by a green-wellington-booted doctor with mud up to his knees and in an unlabelled envelope). "You can keep your £2.1m but we must paw-back the discounts you've all enjoyed. Shall we say 5 per cent for now? I've a notion to increase your notional salary notionally—I mean arbitrarily—in the future.

"Review panel 1980: Well, following the failure of the 1979 'Review-Franks' because of casting

difficulties, we now have an impressario ready (?) and willing (?) to lead on the players. (PSNC have confirmed that none of the proposed members of the panel are members of Equity.) So what is the problem?"

The MH may well have thought that this out-of-hours prescription compounded in his dispensary on March 6 under the supervision of his DHSS advisers was just the job. But then we pharmacists know all about sugar-coated bitters, slow-release medications and placebos.

So all-in-all the PSNC performed admirably in relabelling the MH's palliative at their emergency meeting on March 7, and the LPCs correctly endorsed same. I understand the new label makes it clear that the MH is to administer (yes Minister) the tablets by route other than oral. One provided, as we were all taught, with extensive vascular surfaces to promote rapid absorption of the active ingredients!

Sounding off

Since starting to write this column I have been surprised and gratified by the way my retail colleagues are prepared to share the benefit of their experience with me. Mention a problem and there's always someone on hand to offer advice.

A couple of weeks ago I said I was on the look out for a security system which would not, perhaps, involve wiring and service charges. Sure enough, back came a letter from a reader on the South coast about the Notecalm acoustic alarm, which he saw advertised in *C&D*.

He writes: "It really is excellent, once installed by the representative so it doesn't go off when lorries go past (we don't have that problem as we are in a pedestrian area). Only one false alarm due to me making it too sensitive—and presto! The suspicious types, when they spot it in the shop, are off like a shot".

Can't have much better praise than that, but of course there always is a sting in the tail. My correspondent regretfully mentions that the NPA has not been prepared to reduce his insurance premium, but in true go-it-alone spirit he adds: "As it saved such a lot of time and installation we were not put off". Well now, not only do retail pharmacists often take notice of my scribbles—sometimes even our august pharmaceutical organisations have had second thoughts. How about it NPA? ■

Support for the rural pharmacist

After Graham Walker's letter (*C&D* February 28) it was very encouraging to find that the LPC conference delegates did not suffer from the pernicious self-congratulatory and complacent syndrome.

He will, I hope, live to regret his letter as it showed him to be completely out of touch with the general feeling conveyed at the conference. It was evident by the way delegates attacked the Minister for Health, and the whole-hearted support given by all present, that deep and angry concern was felt over the way rural doctor dispensing was being allowed to expand and to be accepted as an equal alternative to the service provided by pharmacists.

Such support for the rural pharmacist lends credence to the idea that paranoia is a far better alternative to complacency and compromise. Perhaps the only rural criticism I would make of the conference itself was the fact that in the last few minutes, time was given to discussing Clothier proposals which once again appeared to place doctor dispensing on the same level—professionally and financially—as the service provided by pharmacists.

It seems to me that the conference was telling PSNC that in no way do we want to be considered on the same level as doctor dispensing—and yet we were pushed into accepting the Clothier proposals without any considered opinion being given.

Our principles have been shared with the agreement made over Clothier—it may have been necessary but this must be the lowest point of our negotiating position. From this point on we must only look upwards and our aim must be the elimination of doctor dispensing.

The start must be made by a combined effort of all pharmacists who can employ their efforts in either of two ways.

(1) Use their LPCs effectively by proclaiming that doctor dispensing is not an equal alternative to pharmaceutical dispensing; that doctor dispensing is an expensive alternative, and that patients are not getting the best of choices. It must be made abundantly clear that the government is not getting the best value for money and public opinion must be swayed by making it known to all and sundry

that it is not in the interest of patient, or of the government, to perpetrate doctor rural dispensing.

(2) For rural pharmacists, and those who wish to back them, to form a rural pharmacist organisation in order to vent their opinion to government and PSNC, and to consider what actions and aims are necessary for improvement of rural practice pharmacy.

My personal preference would be the first option. Even so, I wonder how strong are rural pharmacists represented on LPCs. Are rural pharmacists ever approached for their opinion? Is there a constant flow from and to LPCs? Do LPCs actually inter-communicate? These are points that need attention and hopefully this correspondence may elucidate some frank and open discussion.

I enclose a copy letter [see below] which I am sending to all those colleagues who wrote to me recently. I trust they will forgive me doing this without their knowledge but it will help in showing everyone what is afoot. Anyone else wishing to answer the questionnaire will help considerably.

J. Davies

8 High Street,
Wiveliscombe, Somerset

Mr Davies' letter asks for a response to the following questions:—

Do you think that our aim should be the elimination of rural doctor dispensing?

Do you think that Clothier is working to our advantage?

Do you think that we should instigate action through our LPCs?

Do you think that a rural pharmacists organisation should be set up

(a) as a "ginger" group to activate opinion through LPCs and PSNC;

(b) as an organisation completely self-reliant? Would you be willing to help—(a) financially (b) actively?

CRS to CRT

I was most interested to read (Letters last week) about the child-resistant dustbin (CRD) developed by Brian Wells since for some time I have been working in a related sphere.

My own involvement originally concerned the CRS or child-resistant shop. The principal aim was to produce a door-catch which could only be manipulated by adults. Unfortunately, of the three types developed, all could easily be opened by children but adults had great difficulty and the elderly found them all totally impossible.

Whilst experimenting recently, I had on one occasion the spectacle of a shopful of children on the inside, observed from the outside by a clamouring throng of adults trying desperately to get in. It was at this point that the solution became clear to me. Now, while the children are whooping it up inside, we serve our customers outside on the forecourt from trays—charging, of course, the usual extra 0.3p fee.

This is only the beginning of a whole new development scheme and I am already working on a child-resistant shopping area (CRSA) and soon hope to start on a child-resistant town (CRT). The idea of a child-resistant armoured precinct was abandoned through lack of funds.

Those requiring details relating to my child-resistant door lock should write specifying whether they require the complete version or the do-it-yourself kit (generic) form of the device.

Alan Pepler

Woodcombe, Minehead

Accent on prevention

Prevention is given a high priority in a handbook setting out policies for the new district health authorities.

But the booklet, "Care in action", published by the Department of Health, makes no specific mention of the pharmacist's role, although one section states that: "A well-organised preventive programme will need to make the fullest use of those who are in closest contact with the public—the doctors, nurses, midwives, organisers of voluntary services, social workers, teachers and other paid and voluntary workers in the health, social services and education field."

The new DHAs, which are expected to assume responsibility in most parts of England in April 1982, are urged to ensure that resources are directed towards health promotion and preventive medicine programmes. Suggestions at a local level include a defined policy on cigarette smoking in NHS premises; improving the availability of genetic counselling and family planning; providing dental care for children; working on measures to reduce heart disease and strokes by encouraging exercise and sensible diet and discouraging smoking.

In a section on "Efficiency in the NHS", the booklet describes as "useful measures" the establishment of local drug and therapeutic committees, local formularies and fuller information for clinicians about prescribing patterns and costs.

"Care in action—a handbook of policies and priorities for the health and personal social services in England" (HMSO, £3.30). ■

Zymafluor® Fluoride Tablets 0.25mg and 1.00mg
Prophylaxis of Dental Caries

Dosage and Administration

For oral administration. Not to be taken except on the advice of a dentist, doctor or pharmacist.

Zymafluor 0.25mg: if not otherwise prescribed by the doctor or dentist:

From birth to 2 years of age – 1 tablet daily;

2-4 years – 2 tablets daily

4-5 years – 3 tablets daily

Zymafluor 1.00mg: 5 years and over, adults – 1 tablet daily or as prescribed by the doctor or dentist.

Contra-indications

There are no known contra-indications.

Precautions

It is unnecessary to take these tablets in areas where there is fluoridation of the drinking water supplies.

Package Quantities

0.25mg – Packs of 400

1.00mg – Packs of 100

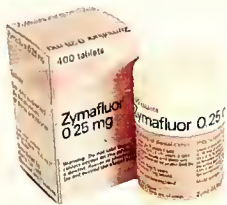
Product Licence Numbers

0.25mg – 0030/5011

1.00mg – 0030/5012

ZYMAFLUOR BONUS OFFER

on both strengths from March 21st to May 30th



Zymafluor 0.25mg 400 tablets

£

10 packs sold at 103.5p (ex VAT)

10.35

8 packs charged at 69p

5.52

Profit

£ 4.83

= 87½%



Zymafluor 1.00mg 100 tablets

£

10 packs sold at 75p (ex VAT)

7.50

8 packs charged at 50p

4.00

Profit

£ 3.50

= 87½%

ZYMAFLUOR BONUS OFFER

Please supply

No. of units

Zymafluor 0.25mg (units of 10 packs) charged as 8

Zymafluor 1.00mg (units of 10 packs) charged as 8

Name_____

Address_____

Wholesaler_____

Address_____



ZYMAFLUOR® BONUS OFFER

March 21st - May 30th

Dear Pharmacist,

Zymafluor® Fluoride Tablets - Prophylaxis of Dental Caries

We would like to draw your attention to the availability of Zymafluor tablets, 0.25mg and 1mg, which are an effective and proven preparation for the prophylaxis of Dental Caries, a dental disease referred to as the 'Last major epidemic' because of the large number of young people with affected teeth.

From March 21st until May 30th, we are offering a bonus on both strengths of Zymafluor when 10 packs will be charged as 8. Details overleaf. An outlay of £9.52 will bring in £17.85, equivalent to a profit of 87½%. If you wish to order only one strength, the bonus still applies. We shall be promoting Zymafluor to Dentists and Doctors during this period and afterwards.

The prescribing or recommendation of Zymafluor is a practical way of preventing dental caries since fluoride is the only nutrient known to affect dental caries. This is particularly important where the water supply contains less than 1 part per million of fluorine. Zymafluor enhances the resistance of teeth to caries decay, providing double protection through the accumulation of fluoride as fluorapatite in the outer layer of teeth by local take-up into the dental enamel as well as by systemic absorption.

Zymafluor has the advantage of being available in two strengths of 0.25mg for children up to the age of 4, and 1mg for children above the age of 4, which allows for any adjustment in daily dosage from 0.25mg upwards, and which guarantees a fluoride concentration which provides optimal protection against caries. The tablets are pleasantly flavoured and are not highly coloured like sweets, thus reducing the danger of acute overdose.

In a bid to remind youngsters to take their daily Zymafluor tablet, a cartoon character - the tooth mouse - has been launched as a peel-off adhesive sticker which can be stuck on a bathroom wall or mirror, or used as a stick-on badge. Supplies of the tooth mouse sticker are available direct from Zyma free of charge.



Supplies of Zymafluor are available through your local wholesaler or direct from us if you name the wholesaler on your order slip.

Yours faithfully,
ZYMA (UNITED KINGDOM) LIMITED

W. Kilshaw

W. Kilshaw
Marketing Manager

P.S. For your bonus offer, complete the form overleaf, enclose in an envelope (no stamp required) and address to Zyma (U.K.) Ltd., Freepost, Macclesfield, Cheshire, SK10 2YF.

“£100 A WEEK
PENSION PLUS
£13,000 CASH
ON RETIREMENT
PLUS £13,000 LIFE COVER – FOR £4* A WEEK!”

You may have seen the above attractive advertisement caption in the National Sunday and daily newspapers. It is issued by Time Assurance Society to publicise their Employee Protection and Pension Plan and refers to a man of 36 at commencement paying £25 per month gross and retiring at age 65.

If you’re in a job without a Company pension – or even Self-employed, wouldn’t you like to know what you can get for as little at £10 per month? (that’s only £1.62 a week after basic tax relief).

For full details and a personal illustration, all you need do is complete and return the coupon – there is absolutely no obligation.

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To: Time Assurance,
45 Queens Road,
Oldham, Lancs. OL8 2AY

Please send me full details and a personal illustration of the Time Assurance Society Employee Protection and Pension Plan.

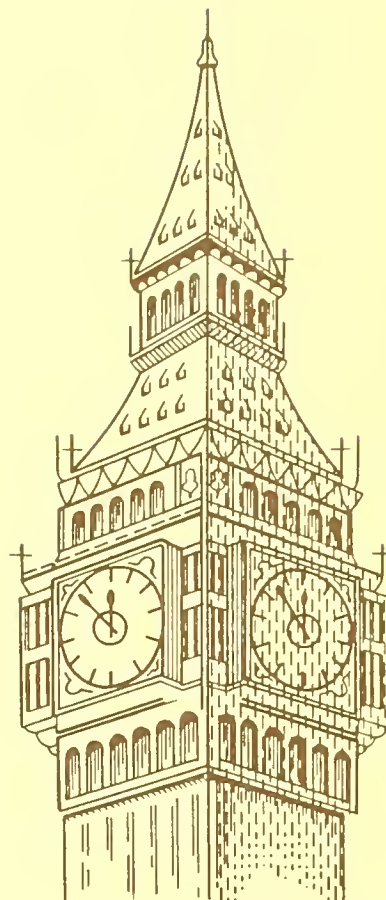
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2

Booklet for the 'father-to-be'

The latest Family Doctor booklet is "Father-to-be" by Ruth Forbes SCM, advance teacher, National Childbirth Trust. Copies (£0.40) are available from the NPA, to members, or from *Family Doctor Publications, BMA House, Tavistock Square, London WC1H 9JP.* ■

Dentinox now GSL

Dendron Ltd say that Dentinox colic drops are now included in the General Sale List and are not pharmacy only, as previously stated, following a reversal of the Department of Health's original decision. *Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.* ■

PRESCRIPTION SPECIALITIES

Single dose drug for gonorrhoea

Sterling Research Laboratories have introduced a single dose oral treatment for acute gonorrhoea.

Rosoxacin is a quinolone derivative of carboxylic acid and is related to naladixic acid. It is bactericidal and Sterling say that a single dose of 300mg has been shown to produce a cure rate of over 90 per cent in cases of uncomplicated gonococcal urethritis.

Eradacin capsules

Manufacturer Sterling Research Laboratories, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey KT6 4PH

Description Opaque, red/yellow capsules each containing rosoxacin 150mg

Indications Treatment of acute gonorrhoea in both male and female patients

Dosage For adults, two capsules preferably on an empty stomach

Precautions Safe use in pregnancy has not yet been established. Should be used with caution in patients with impaired hepatic or renal function. Has been shown to induce lesions in weight-bearing joints of young animals receiving high single or repeated doses. Although the relevance of this to man is not known it is recommended that frequent, repeat doses should not be given to those under 18

Side effects Dizziness and drowsiness may occur and patients should be warned not to drive or operate machinery if affected. Occasionally headaches and gastro-intestinal side effects may occur

Packs Bottles of 20 (£22.22 trade)

Supply restrictions Prescription only
Issued March 1981 ■

Zomax tablets

Ortho Pharmaceutical Ltd are introducing a new prescription-only analgesic.

Zomax tablets (100, £9.93 trade) each contain zomepirac sodium 100mg and are indicated for the treatment of pain in musculo-skeletal injuries, rheumatoid and osteo-arthritis, following orthopaedic, general or oral surgery, after episiotomy, and pain secondary to malignancy. The dose is one tablet every 4-6 hours as required. *Ortho Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks.* (Details next week.) ■

Wellcome vaccines

Wellcome are discontinuing their typhoid-paratyphoid A and B and cholera vaccine (TAB-Cho/Vac) and their typhoid-paratyphoid A and B and tetanus vaccine (TABT/Vac). They recommend the use of single component vaccines such as cholera vaccine, tetanus vaccine, TAB vaccine and typhoid monovalent vaccine which will still be available. *The Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH.* ■

Evans to market DF insulins

From April 1, marketing of the Duncan Flockhart range of insulins will be transferred to Evans Medical Ltd. From that date wholesalers should order from Evans Medical

and hospitals and retailers from their nearest branch of Vestric.

Insulins will continue to appear in the Duncan Flockhart livery with the pack suitably over-printed until formal transfer of the product licence. The packs will then appear in Evans livery. *Evans Medical Ltd, Greenford Road, Greenford, Middx. UB6 0HE.* ■

Minims addition

Smith & Nephew have introduced prednisolone sodium phosphate eyedrops into their Minims range. Each single use unit contains approximately 0.5ml of a clear, colourless 0.5 per cent solution. Cartons containing 20 units (£3.70 trade) are available. *Smith & Nephew Pharmaceuticals Ltd, PO Box 7, Bessemer Road, Welwyn Garden City, Herts AL7 1HF.* ■

Magnapen 1g vial

Beecham have introduced a 1g vial of Magnapen injection containing ampicillin 500mg and flucloxacillin 500mg both present as the sodium salt. The contents should be dissolved in 2ml Water for Injections for intramuscular administration and 20ml for intravenous injection. Boxes of 10 vials are £19.66 (trade). *Beecham Research Laboratories, Beecham House, Brentford, Middlesex TW8 9BD.* ■

Co-pyronil back

Eli Lilly are re-introducing Co-pyronil Pulvules (100, £2.84 trade). The product has been reformulated to remove methapyrilene hydrochloride and now contains pyrrobutamine phosphate 15mg and cyclopentamine hydrochloride 12.5mg. *Eli Lilly & Co Ltd, Kingsclere Road, Basingstoke, Hants RG21 2XA.* ■

Libraxin coating

Roche are replacing the existing sugar-coated Libraxin tablets with film-coated tablets. The formulation is unaltered and pharmacists should use up sugar-coated stocks first as these cannot be sent back for credit. *Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts.* ■

Growing home brew wine market receives 'quality' injection

At a time when demand for home brew products is expected to receive further stimulation—a positive side to recessions and budgets—Unican are assaulting the market with a range of "higher quality" wine products backed by "major investment in advertising and promotion".

The company says it has a 20 per cent share of the market through chemist outlets, which they estimate to be worth £24 million in 1981. The total market, they say, has the potential to reach £40m this year; a little over half of this is wines, the fastest growing sector. Boots currently hold 40 per cent of the total home brew market, other chemist outlets 20 per cent, with the rest split between DIY, department stores, specialist outlets and grocers.

For the launch of Special Reserve, a £200,000 budget—"large by home brew standards and indeed the biggest in recent years"—has been allocated for the national Press and regional television campaign.

Unican have also indicated that a particularly successful television campaign would justify further



investment in the latter part of the year.

Special Reserve will be available in five varieties (£3.25) from the start of May and is described as a higher quality product which has its secret in a unique yeast from France, "similar to that used in many traditional French vineyards". Successful test marketing has already taken place in selected Boots outlets Unican Foods Ltd, Central Trading Estate, Bath Road, Bristol BS4 3EH. ■

April activity from Max Factor

Max Factor activity in April includes a 10g LA cologne spray in a frosted glass bottle (£1.35) and for Gemmesse a touch-on light perfume in a frosted glass wand with "sponge tip" applicator (£2.25).

From Swedish Formula is the Spring and Summer colour collection, Soft 'n chic, comprising beige and greys for the eyes together with mellow tones of pink and mauve. These shades will be available in four eye-shadow duos teamed with complementary shades (£1.75). Lipsticks are in shades of ruby and burnished brown (£1.50). Max Factor Ltd, 16 Old Bond Street, London W1A 3AH. ■

Miners shadow kits

Miners are introducing Pearls eye shadow kits from April. In sets of four toning colours—aqua pearls, mauve pearls, sea pearls, and russet pearls (£1.25)—the kits are co-ordinated

to wear with Spring fashions. Also available are great shadow eye kits holding six contrasting shadows in great sands, great pinks, great violets and great seas (£1.45). Both colour range compacts come with double-ended eye shadow applicators.

For blushers Miners have introduced double cream blush and double blush duos (£.05) in fuchsia fever, tulip trance and tiger lily. Super blusher is available in clove, nutmeg and ginger duos (£1.05). All three colour ranges come in a new compact with blush applicator. Miners Make-up Ltd, Hook Rise South, Surbiton, Surrey. ■

Pretty Polly push

Galaxy 'by Pretty Polly is to be advertised on television in a four-week nationwide campaign starting this week. Galaxy is claimed by the company to hold over 25 per cent of the £70 million non-drapery market and they expect it to increase its brandshare in this sector to over 30 per cent. Pretty Polly Ltd, Unwin Road, Sutton-in-Ashfield, Notts. ■

Buf acne lotion

Riker Laboratories are extending their skin care range with the introduction of an acne treatment.

Buf acne lotion (30ml, £1.59) contains benzoyl peroxide 5 per cent and is a pharmacy-only product. Riker say it is greaseless, odourless and completely invisible on the skin.

Advertising in teenage and women's magazines will run from April to October using the theme "Spots and acne—the facts". Customer leaflets with the same title will be available in a counter dispenser with a display card. An initial stocking bonus of 14 as 12 is being offered by the distributors who are Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs. ■

Equalia packaging

Vichy are to replace the metal Equalia tube by a plastic one with a metal middle layer. This brings it in line with the tinted version launched in 1980. The packs will be phased in over the next few months. Vichy (UK) Ltd, Ashville Trading Estate, Nurfield Way, Abingdon, Oxon OX14 1TJ. ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Ajax cream cleanser:	M, Y, NE
Anadin:	All areas
Askit powders:	Sc
Ayds:	All except E
Bic razors:	Ln, M
Clearasil Clearguard lotion:	Ln, M, Lc, Y, So, NE
Colgate Dental Cream:	All areas
Denivit:	Ln, M, Y, WW, So, NE, A
Farley's rusks:	All except E, CI
Galaxy tights:	All areas
H. P. D. meal replacement:	All areas
Mudd cleanser:	Ln
Paddi Cosifits:	All except E
Peaudouce:	All except U
Perform conditioner:	All areas
Rave:	All except U
Selsun:	Y, NE
Slender:	Ln, M, Y, U
Sunsilk:	All areas
Vidal Sassoon:	All except U, CI, E
Vosene medicated shampoo:	All areas

There's never been a better time than now to modernise your shop

Here's why:

Modernising now will make you more competitive – right away!

You'll sell more to existing customers, and gain new ones too, by professionally modernising your shop the Storeplan way. So even if the cake's not getting any bigger, you will gain a larger slice. When things really begin to move, you'll be in a position to take advantage. Competitors will be left standing.

And it could cost you nothing

Fact; in most outlets we've modernised, turnover has gone up by a *minimum* of 25%. But the profit on an increased turnover of only 5% is enough to pay for your refit in three years. So every per cent over the five in increased profit is yours to do what you like with. And with leasing, lease purchase or hire purchase it can be even easier.



Storeplan Ltd., 48, Towerfield Road, Shoeburyness,
Southend-On-Sea, Essex SS3 9QT. Telephone: 03708 6911.

Send me the facts.
I want to get things moving.

Name _____

Company _____

Address _____

Tel. No. _____

CD/2

Solidified cleansing milk added to Roc skincare range

The compact facial cleanser from Roc (100g, £4.60) is described by the company as "an entirely new concept in skin cleansing. Although used with water this product is neither a soap nor a cleansing bar, it is a totally different formulation, a solidified cleansing milk."

Regular, thorough cleansing is a vital part of any skin care routine to remove natural and environmental impurities, say Roc, but it should be done without disturbing the skin's acid balance and hydro-lipidic film. At present they say women generally use either soap and water, which being alkaline is likely to disturb the skin's acid balance, cleansing milk and tonic lotion which many women are deterred from using because of the lack of water in the cleansing routine and thirdly, cleansing bars which can have a drying effect.

Compact facial cleanser, say Roc, when mixed with water forms a smooth, creamy emulsion which cleanses the skin without disturbing the skin's acid balance or its natural protective film. The cleanser is hypo-allergenic, unperfumed and free



of colourant with a pH matching that of the skin and is said to be suitable for all skin types.

Designed for women who have always preferred to use soap and water the cleanser, says the company, is convenient when travelling. It will be available from April in a counter merchandiser holding ten products. *Laboratoires Roc (UK) Ltd, 46 Mount Street, London.* ■

Spinal support

Seton are introducing a ready-to-wear spinal support for relieving chronic back pain. Vertebrace (£11.31) is available in three sizes with adjustable Velcro fasteners. Two semi-rigid stiffeners are sewn into the back seams.

The garment is made from heavy elastic-woven material which is fully washable and is unobtrusive under normal clothing. *Seton Products Ltd, Tubiton House, Medlock Street, Oldham, Lancs OL1 3HS.* ■

Mijex now in cream

Pickles are extending their Mijex range with the introduction of a cream. Available in early April, Mijex cream (35g, £0.59) contains diethyltoluamide 20 per cent and citronella oil.

The product has been brought out due to demand from pharmacists who wanted a complete range of insect

repellents, Pickles say. Introductory bonuses on the cream and on the whole Mijex range will be available.

The company has also introduced a baby shampoo (55ml, £0.45) and a hard skin reducer (28g, £0.60). This contains salicylic acid 12.5 per cent and comes in similar packs to the Pickles ointment but with the green and yellow colours reversed. *J. Pickles & Sons Ltd, Pickles House, Church Lane, Knaresborough, N. Yorks HG5 9AS.* ■

Lilia price promotion

Lilia-White are promoting stick-on Lilia in a flashed pack marked "special price not more than 31p", available to the trade from March 23 to end of April. At the same time Fastidia mini pads 10s will be flashed "Send away for a free mini pad holder". The PVC holders for three pads come in a floral design and will be available until promotional stocks are exhausted. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.* ■

Tender Touch pads

Smith & Nephew have introduced Tender Touch cleansing pads developed for the removal of eye make-up, cosmetics and nail polish.

Made from 100 per cent pure cotton the pads come in a drawstring pack of 50 (£0.55) with an outer holding one dozen and will be featured in the £250,000 Tender Touch advertising campaign beginning April with advertisements appearing through to September in the women's Press.

Test marketing, the company says, has shown that the pads increase the cotton wool market and do not detract from other Tender Touch product sales. *Smith & Nephew Ltd, Bessemer Road, Welwyn Garden City, Herts.* ■

April launch for eau de cologne range

A Grès eau de cologne range is to be introduced in early April. With a light aroma comprising jasmine, mandarin oranges and lemons blended with a mixture of basil and wild thyme the range comes packaged in pinks and reds to co-ordinate with a



headscarf designed by Madame Grès. Available with showcards and testers the range comprises eau de cologne (4oz, £5.95; 8oz, £9.00), foam bath (250ml, £4.95), body milk (250ml, £4.95) and talc (90g, £2.95). *Ocuture Fragrances Ltd, Spur Road, Feltham, Middx.* ■

Vespre promotion

A money-off-next-purchase promotion is currently being offered on all sizes of Vespré. Flashed packs carry coupons offering 20p off Vespré 10s and 15p off 20s. *Johnson & Johnson Ltd, 260 Bath Road, Slough, Berks SL1 4EA.* ■

Why these three important products earn your recommendation



Simply, because they're the right products for the three types of cough you and your staff most commonly encounter in the pharmacy.

Benylin* Expectorant for the chesty cough with congestion, **Benylin* Fortified Linctus** for the dry, tickly cough, and **Benylin* Paediatric**, specially formulated

for children up to 12 years.

But the three Benylins are much more than a good professional recommendation. They're established, well-accepted by your customers, and an important source of profit to the pharmacy. No wonder they're the clear leaders in their field.

PARKE-DAVIS

part of the Warner-Lambert Group

good products for you and your customers

Active Ingredients:

BENYLIN EXPECTORANT: Diphenhydramine HCL B.P. 14mg; Ammonium Chloride Ph. Eur. 135mg; Sodium Citrate Ph. Eur. 57mg; Menthol B.P. 1.1mg.
BENYLIN FORTIFIED LINCTUS: Diphenhydramine HCL B.P. 14mg; Dextromethorphan HBr B.P. 6.5mg; Sodium Citrate Ph. Eur. 57mg; Menthol B.P. 1.1mg.
BENYLIN PAEDIATRIC: Diphenhydramine HCL B.P. 7mg; Sodium Citrate Ph. Eur. 28.5mg; Menthol B.P. 55mg.
Indications: BENYLIN EXPECTORANT BENYLIN Expectorant makes the chesty cough more productive by loosening tenacious bronchial mucus. It combats the congestive symptoms that frequently accompany a cough, and reduces bronchial and nasal congestion. BENYLIN Expectorant is

indicated for the relief of cough and its congestive symptoms. BENYLIN FORTIFIED LINCTUS: Is indicated for the relief of coughs, especially the dry, irritating cough. BENYLIN PAEDIATRIC: Is indicated for the relief of cough and its congestive features. It is specially formulated for children between 1 and 12 years.
Dosage: BENYLIN EXPECTORANT: Adults: one or two spoonfuls every two or three hours. Children 1-5 years: 2.5ml every 3-4 hours; 6-12 years: one 5ml spoonful every 3 or 4 hours. BENYLIN FORTIFIED LINCTUS: Adults: two 5ml spoonfuls every 4 hours. Children 1-5 years: 2.5ml every four hours; 6 to 12 years: one 5ml spoonful every 4 hours.
BENYLIN PAEDIATRIC: Children 1-5 yrs: one 5ml spoonful every 3 hours; Children 6 years and over: two 5ml spoonfuls every 3 hours.

Side Effects/Warnings: All three preparations may cause drowsiness. If affected the patient should not drive or operate machinery. Avoid alcoholic drink. Not recommended for use in pregnancy.

Cost:
BENYLIN Expectorant £0.516 per 125ml, list ex V.A.T.
BENYLIN Fortified Linctus £0.55 per 125ml, list ex V.A.T.
BENYLIN Paediatric £0.458 per 125ml, list ex V.A.T. as at 11 B0

Product Licence Numbers:
BENYLIN Expectorant 001B/5090
BENYLIN Fortified Linctus 001B/0111
BENYLIN Paediatric 001B/0067

Product Licence Holder:
Parke-Davis & Co., Pontypool, Gwent NP4 0YH



(MOTHER'S DAY IS MARCH 29.)

ay. Contact your Coty representative or Rigease Ltd., P.O. Box 27, Brentford, Middlesex TW8 9DW. 01-568 6941.

SEVEN SEAS SUPPLEMENTS GO NATIONAL

£300,000 Promotional spend during March – October.



To keep you feeling up to par, vitamins and minerals are essential.

Obviously a balanced diet will provide all that's needed, but too often today people rely on hurried, ill-prepared meals with too many processed foods. The result is they risk not getting enough vitamins and minerals.

And also at risk are convalescents, the elderly, 'faddy' eaters, people dieting incorrectly, sports addicts, women on the 'pill' or around the menopause.

To combat these various eventualities, Seven Seas have created a unique range of vitamins, minerals

and nutritional aids. They will all help you to take better care of yourself.

Each balanced formulation in the range has been carefully prepared and is protected in easy-to-take flavoured capsules, packed in handy tubs, with approximately a month's supply.

Over thirty years research into nutritional needs ensures that Seven Seas Supplements are of the finest quality.

They are only available from your chemist, who we are sure will be happy to advise on which of our supplements are correct for you or your family.



SEVEN SEAS SUPPLEMENTS
Naturally conducive to good health

SEE YOUR CHEMIST TODAY, OR FOR MORE INFORMATION, WRITE TO: THE NUTRITIONAL ADVISER, DEPT. TW, SEVEN SEAS HEALTH PRODUCTS, MARFLEET, HULL HU9 5NJ.

This ad. will be seen by 8 million women at least 6 times. 47 insertions in 15 women's magazines – all in full colour.

For more details, replacement stocks and immediate deliveries, contact your local wholesaler or for information of our special introductory offer, contact your BCLO sales representative or Terry Simpson on 0482-75234.

Mouth Master range extended and Wisdom radio campaign

Addis are extending their Mouth Master range and supporting all their Wisdom toothbrushes with a £250,000 radio campaign—the biggest-ever UK campaign using radio only.

The latest Mouth Master toothbrush is the midi (£0.56) which fits into the range between the Mouth Master and the major. The head is the same size as the Mouth Master but it contains four rows of filaments instead of three. Other Mouth Master features such as rounded brush head corners, end-rounded nylon filaments and multi-tufted flat-trimmed heads are all included.

The radio campaign breaks in May on all of the 26 commercial stations, and will use 12 different advertisements. A fresh advertisement will be heard every morning between 7.30 to 9 am from Monday to

Saturday. Another set of commercials will run the following week, using a different voice-over. The voices are those of Michael Aspel and Radio 1 disc-jockey, Mike Read.

In the advertisements, consumers are reminded to replace their toothbrushes regularly with special emphasis placed on the Mouth Master range. POS material that reflects the radio theme will be available.

The campaign was tested with five weeks continuous advertising on Radio Hallam and Radio Plymouth. Addis claim that even from Wisdom's high brand leader base they received extremely encouraging upward shifts in brand awareness, attitudes, recall of advertising content and intent to buy. The campaign will run until October. *Addis Ltd, Ware Road, Hertford.* ■

Smaller Stugeron travel pack

Janssen Pharmaceutical are introducing a smaller travel pack of Stugeron tablets in order to make the product less expensive for casual travellers.

The new pack holds 15 tablets and retails for £0.79. It is supplied in outers of 20. In-store display material will carry the theme "Prevent travel sickness—ask your chemist for advice". An introductory bonus of 25 for 20 will be available until April 30 from company representatives or from *Janssen Pharmaceutical Ltd, Janssen House, Chapel Street, Marlow, Bucks SL7 1ET.* ■

Jordan skin shampoo

House of Jordan have introduced an aromatic skin shampoo, said to be suitable for either skin or hair. The shampoo, based on coconut oil, honey and other natural ingredients, comes in three fragrances—honey and cucumber, honey and chestnut (both unisex) and honey and lavender (200ml, £1.20). *House of Jordan Ltd, 48 Millgate, Newark-upon-Trent, Notts.* ■

New 8mm technology from Agfa



Agfa-Gevaert are currently selling-in their family camera and monitor—the world's first system for movies and stills on one film—which was first announced at Photokina (C&D, October 4 1980, p555).

Agfa believe the family outfit (around £135) will appeal to all age groups, and especially families, in the down market C2D groups who had previously regarded cine film making as too complicated and expensive.

An "attractive and hard-selling promotional package for dealers" has been put together, which provides potential customers with displays and information about the system, and enables retailers to demonstrate it. Quantity discounts and POS material are also available and with each outfit ordered a free

Moviechrome 40 film will be provided. There will be widespread national advertising. *Agfa-Gevaert Ltd, 72 Great West Road, Brentford, Middx.* ■

Sally Hansen saving

Sally Hansen are offering 5p off the recommended retail price of their 60ml regular polish remover. The offer is carried on special price-marked bottles. *Smith & Nephew Cosmetics, Hook Rise, Kingston By-pass, Surrey.* ■

One of a series of Sanatogen advertisements featuring life-like situations in which vitamin supplements may be needed.

The advertisements will appear in *Woman's Own, Family Circle, She, Mother and Slimming, throughout 1981. In all over £1 million will be spent advertising Sanatogen this year.* *Fisons Pharmaceutical Division, 12 Derby Road, Loughborough, Leics*

**IF YOU'RE GRABBING SNACKS
YOU COULD BE MISSING VITAMINS.**

If you are constantly on a quick balanced diet, you should be getting the vitamins and minerals that are essential for good health.

But, like most people, you probably find there are times when you're too busy to sit down to a proper meal.

So, you grab a quick snack, or skip some meals altogether, and get home late to a meal which has been kept hot.

And that means you could quite easily be missing out on important vitamins.

That's where Sanatogen Multivitamins come in. Just one tablet a day, will make sure you get the vitamins and minerals essential to good health.

**SANATOGEN VITAMINS.
ONE A DAY, EVERY DAY
FOR POSITIVE HEALTH.**

COUNTERPOINTS

Repackaging for Dove & Nomor Grey

Worldwide Toiletries have repackaged Dove ladies disposable razors in an acetate vanity pack (five razors, £0.79) to give a more feminine presentation. A counter display unit, doubling as a shipping outer is available holding one dozen packs. The razors will be supported by a nine week advertising



campaign worth £25,000 starting May in *Woman*, *Woman's Own*

Woman's Realm, *Woman & Home*, *Good Housekeeping*, *Family Circle*, *Daily Express* and *Daily Mail*.

Nomor Grey has also been relaunched and repackaged by the company. Formulation changes, they say, include a richer lather, delicate perfume and a quicker longer lasting colour change. Packaging has been redesigned and a 125ml opaque bottle (£1.35) has been introduced. Commencing in May a £25,000 advertising campaign will run in *Woman*, *Woman's Own*, *Woman's World*, *Daily Mirror*, *Daily Express*, *Daily Telegraph*, *News of the World* and *TV Times*.

Other activity by Worldwide Toiletries includes for the trade, a wire counter display unit holding two dozen Refresh chiropody sponges and for the consumer, a free Sheffield Steel nail file with every pack. A nine week advertising burst will proceed the Dove campaign in the same magazines. Econoshave razors and blades have also been repackaged in blue, pale blue and white. *Worldwide Toiletries Ltd*, Church Street, Emley, Nr Huddersfield, W. Yorks HD8 9RR. ■

It pays to display.



Sudocrem is a real profit maker!

As a general sales list product Sudocrem can be freely displayed. Sudocrem is particularly useful for the treatment and prevention of napkin rash.

It can also be used to treat a wide range of other skin conditions, napkin rash, eczema and bedsores.

There is a strong demand from customers for this product, (we've received hundreds of letters asking "where can we get Sudocrem?") there is strong support available for you.

So don't wait — Display Sudocrem now and cash in on a winner.

Sudocrem
ANTISEPTIC HEALING CREAM

Napkin Rash
Eczema
Bed Sores

Ashe Park waters

Ashe Park mineral water is now available again in one litre bottles from *Ashe Park Mineral Water Ltd*, Ashe Park, Steventon, Nr Basingstoke. Distributors: *Luis Gordon*, 18 Dartmouth Street, London SW1. ■

Baby food warmer

David Griffin Ltd have introduced a new form of heating baby's bottles, or cans and jars of prepared food. Whereas previous baby food warmers have used water for heating the feed, the new model employs a warm wrap principle. The bottle is inserted into a wraparound fabric bag, containing the heating elements which fits round the bottle on a spring mechanism. A variable heat control button is rotated to the necessary position and when the feed is ready the indicator light goes out. The bottle is then easily removed. The appliance is thermostatically controlled to raise the temperature of liquids to 37°C and semi-solid foodstuffs to 45°C.

The warmer, marketed under the "Baby Griffin" banner, is available in an orange and white finish (£7.25). *David Griffin Ltd*, Holland Way, Blandford, Dorset. ■

Bottle feeding takes a turn for the better.

At some time or other every mum has wished for a method of controlling the flow of bottle feeding.

Now Griptight have developed a simple and ingenious way of satisfying babies ever changing appetites and feeding requirements.

It's done with a special Variflo teat. This has an oval hole so that when the bottle is rotated through 90° the flow can be regulated.

And Griptight's understanding of babies feeding doesn't stop there.

The range of teats from Newborn through Freflo and Variflo develops through all stages of feeding.

Used with hygienic Freflo polycarbonate bottles, feeding becomes more satisfying and enjoyable.

We're getting the message over to more mums than ever before with full pages in all the mother and baby magazines.

So stock early, your sales are bound to take a turn for the better too.

NURSERY

by Griptight.

Little things mean a lot.

Lewis Woolf Griptight Ltd., 144 Oakfield Road, Birmingham B29 7EE. Tel: 021-472 4211.





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Double Protection

25% Extra Value

140ml	12	6.995
190ml	12	8.775

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Send to: UniChem, Crown House, Morden, Surrey,
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Indigestion? Customers sometimes suffer

And when they do they seek rapid relief.

Be sure that your customers are not disappointed when they ask you for a safe, effective and natural remedy.

By stocking Nelsons Homœopathic Indigestion tablets you can answer Yes to two important customer questions:

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Homœopathic medicines are playing a major part in the growing movement towards more natural alternatives and you are going to find more of your customers specifying this type of product.

So—be ready! Call us today for full details on our Indigestion tablets and on our full range of homœopathic medicines. We have an advertising programme and a retailer support scheme which will help you sell. Our retail margin is 33.3%. Our delivery is fast.

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215-223 Coldharbour Lane, London SW9 8RU.



Homœopathy
makes the most
of the body's
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Helping the body help itself.



BY APPOINTMENT
TO HER MAJESTY QUEEN ELIZABETH II
MANUFACTURERS OF
HOMŒOPATHIC MEDICINES



BY APPOINTMENT
TO HER MAJESTY QUEEN ELIZABETH THE QUEEN MOTHER
MANUFACTURERS OF
HOMŒOPATHIC MEDICINES

A demand for safer alternatives

Some three years ago only a few UK pharmacies stocked homoeopathic remedies. Today there are over 500 and the number is expected to grow to four figures during the coming year. Concern about iatrogenic disease and adverse publicity about drugs has led to a surge of interest in safe, natural alternatives to conventional medicine. *C&D* talked to manufacturers and practitioners to see how pharmacists can become involved.

Homoeopathy is based on the principle of treating like with like, that is, treating an illness with a substance that produces in a healthy person similar symptoms to those experienced by the person who is ill.

Conventional medicine is based on the belief that illness causes symptoms. Homoeopathy regards the symptoms as the body's attempts to overcome the disease and aims to stimulate rather than suppress this reaction.

By experimenting with a series of animal, vegetable and mineral substances, Dr Samuel Hahnemann in the 18th century established the three

basic principles of homoeopathy. The first is that a medicine which in large doses produces the symptoms of a disease will in small doses cure that disease. The second is that, in general, extreme dilution enhances the medicine's effect and eliminates undesirable side effects.

The third is that homoeopathy concentrates on treating the patient rather than the disease. Patients vary in their response to illness according to their basic temperament, so patients with the same ailment may often require different remedies and, conversely, patients with different

diseases can benefit from the same remedy.

There are about 300 full-time homoeopathic practitioners who are medically qualified and who have done postgraduate courses at homoeopathic hospitals. At least as many again practise to a limited extent. While homoeopathy is available under the NHS, most of the full-time doctors are in private practice.

A homoeopathic doctor, on the first consultation, takes about an hour to assess the patient's likes or dislikes, his or her lifestyle and overall personality so that when he comes to prescribe he can take account of the whole person.

"And this," according to Dr T. M. Cook, managing director, A. Nelson and Co Ltd, "is what many patients and doctors are crying out for. They want to be treated as people rather than carriers of disease."

But does it work?

Those with a conventional scientific education are understandably sceptical at claims that a medicine has an effect when it is so dilute that there are virtually no molecules of active substance present. But homoeopathy could have equally scientific explanations.

"Homoeopathy would have died out years ago if it didn't work," argues Mr R. W. Wilson, chairman, Homoeopathic Development Foundation, and chairman, A. Nelson and Co Ltd. "I don't believe that vast multitudes of people have been deluding themselves for all this time. Patients must have experienced the benefits that they had hoped to experience."

As to the suggestion that NHS patients would respond better to orthodox treatment if doctors had more time to regard them as "whole patients," he replies: "The success of homoeopathy in treating animals and children scotches any idea that it's all in the mind."

The basic concepts are not unlike those of immunology. Homoeopathic remedies might act as a trigger to the body's defence mechanisms, not as a traditional allergen but in a way as yet unexplained.

Mr Wilson continues: "The most popular school of thought believes that the body will only marshal a percentage

Continued overleaf



Preparing homoeopathic potencies at the pharmacy of Mr J. Ainsworth (see p551)

HOMOEOPATHY

Continued from p545

of its armoury to fight any disease because nature wants you to opt out and take your condition seriously. It has been suggested that in nearly 75 per cent of all diseases if people merely took to their beds without any other form of treatment they would get better. In homoeopathy, the body is fooled into mobilising more of its innate healing ability, for which you don't need to give massive doses. Homoeopathic remedies can be likened to catalysts in a chemical reaction—if you give too much of a catalyst you can slow down the reaction. In effect, they are helping the body to help itself."

Other theories are that succussion, the vigorous shaking used in manufacture of these remedies, is important in that it produces some kind of subtle energy release with sufficient power to affect receptive tissues.

Problems arise when trying to prove efficacy by conventional clinical trials. "If one homoeopathic medicine was given to 100 people they would not all respond the same way. And if all these people had the same disease it would be virtually impossible to treat them all with the same medicines because of the personalised nature of the prescribing," Mr Wilson explains. "The standards laid down for conventional clinical trials consider symptoms and drugs; homoeopathy considers symptoms, drugs and people, which makes the conventional double blind trial invalid. We would need to modify clinical trials to take in this third dimension. It is a mathematical problem that could cost thousands of pounds to solve."

In spite of these difficulties, a trial is due to start next month following as closely as possible the conventional double-blind approach. The trial will

take place independently at Tunbridge Wells Hospital, King's College Hospital and the Royal London Homoeopathic Hospital. Patients with osteo-arthritis will be given a leading homoeopathic medicine, a leading allopathic drug or a placebo and the results compared. The homoeopathic treatment of osteo-arthritis is fairly specific so the third dimension—that of the "person"—should prove less of a problem.

Other homoeopathic research is taking two main directions—exploring the theories of how homoeopathy works and "proving" new remedies, which involves testing plants and other homoeopathic substances on healthy people to see what symptoms are induced and using these medicines to treat diseased people with the same symptoms.

The Homoeopathic Development Foundation is concerned that unless the practical problems in proving efficacy are solved, manufacturers will find it impossible under present legislation to have their product licences renewed.

But Mr John Ainsworth, who runs his own homoeopathic pharmacy in London (see p551) is more optimistic. "Homoeopathic remedies were automatically granted product licences of right under the Medicines Act and it is unlikely that the Department of Health would review 2,000 or more items for evidence of efficacy, unless specific medicinal claims were being made for them. Most homoeopathic remedies are marketed without claims as they are specific for patients rather than diseases."

One fact in support of homoeopathy is that it often works in diseases where all else has failed. Psoriasis is a frequently quoted example.

Says Dr Cook: "We are not suggesting that homoeopathy ought to

take over, because obviously allopathy has proved life-saving and is here to stay. No homoeopathic doctor would stand in the way of a vital antibiotic or insulin, for instance. What we are suggesting is that greater use should be made of this non-addictive alternative and that doctors should be more discriminating in their use of potent drugs, particularly in the area of antidepressants and tranquillisers. Where people can be treated successfully with harmless alternatives, why not try them first, rather than as a last resort?" ■

How homoeopathic remedies are made

Homoeopathic remedies are prepared by macerating and extracting vegetable mineral and occasionally animal and biological material in alcohol and water mixtures.

The resulting mother tincture, denoted by the symbol ϕ , after pressing, filtration and storage is then diluted successively with alcohol and water mixtures to give the required homoeopathic potency. There are two methods of dilution, decimal and centesimal, depending on whether the dilution is in steps of 1: 10 (denoted by x or D) or 1: 100 (denoted by c) respectively.

The first decimal potency (1x) therefore consists of one part of the mother tincture to nine parts of the alcohol/water mixture. The second decimal potency (2x) is prepared by adding one part of potency 1x to a further nine parts of the alcohol/water mixture, and so on. In centesimal dilutions one part of mother tincture is added to 99 parts of the alcohol/water mixture to give



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Retail price 75p for 300 tablets.

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Safe, non-drug,
homoeopathically-prepared
OTC remedies.

Brittle Nails?

Gain relief with New Era's special non-drug tablets. They dissolve on the tongue and are quickly absorbed to ensure prompt action. Easy to take—speedy to work!



BRITTLE NAIL TABLETS

A biochemic remedy available at chemists, health food stores and certain department stores.

Catarrh?

Gain relief with New Era's special non-drug tablets. They dissolve on the tongue and are quickly absorbed to ensure prompt action. Easy to take—speedy to work!



CATARRH TABLETS

A biochemic remedy available at chemists, health food stores and certain department stores.

Migraine Headache?

Gain relief with New Era's special non-drug tablets. They dissolve on the tongue and are quickly absorbed to ensure prompt action. Easy to take—speedy to work!



MIGRAINE HEADACHE TABLETS

A biochemic remedy available at chemists, health food stores and certain department stores.

Menstrual Pain?

Gain relief with New Era's special non-drug tablets. They dissolve on the tongue and are quickly absorbed to ensure prompt action. Easy to take—speedy to work!



MENSTRUAL PAIN TABLETS

A biochemic remedy available at chemists, health food stores and certain department stores.

Rheumatic Pain?

Gain relief with New Era's special non-drug tablets. They dissolve on the tongue and are quickly absorbed to ensure prompt action. Easy to take—speedy to work!



RHEUMATIC PAIN TABLETS

A biochemic remedy available at chemists, health food stores and certain department stores.

Hay Fever?

Gain relief with New Era's special non-drug tablets. They dissolve on the tongue and are quickly absorbed to ensure prompt action. Easy to take—speedy to work!



HAY FEVER TABLETS

A biochemic remedy available at chemists, health food stores and certain department stores.

HOMOEOPATHY

the first potency (1c). The most frequently used potencies are 6c, 12c and 30c. The higher the potency, the lower is the physical presence of the mother tincture. After each dilution the solution is "succussed", a process of vigorous shaking.

Trituration is used for those substances insoluble in the alcohol/water mixture. One part of the solid is finely ground and triturated with either 9 or 99 parts of lactose. Further dilutions with lactose give the higher decimal or centesimal potencies which can then be compressed into tablets. Tablets are also made by adding the potentised liquid to lactose blanks.

The methods of manufacture are described in the Homoeopathic Materia Medica or Pharmacopoeia and manufacturing premises must be licensed under the Medicines Act. ■

A pharmacy service

There are four aspects to providing a homoeopathic service in the pharmacy, according to A. Nelson and Co Ltd. These are: Supplying

medicines for a local doctor, hospital or clinic; counter prescribing; sale of OTC homoeopathic speciality medicines; and sale of related products such as natural vitamins and natural toiletries.

Advice on all these aspects is given in the company's leaflet, "Introducing homoeopathy into the pharmacy." For prescription medicines, the leaflet recommends encouraging doctors to prescribe standard potencies, ie 6, 30 and to a lesser extent 200, preferably in tablet form, and obtaining a list of the GP's likely requirements. The list can be sent to Nelson's who offer same day despatch of orders by first class post.

Besides a comprehensive range of homoeopathic remedies, Nelson's supply natural vitamins and toiletry products, with a back-up advisory service, point-of-sale material and literature. Their annual Homoeopathic Handbook (£2) lists homoeopathic doctors and hospitals, and information on how to use, store and select the appropriate medicines.

The company was established in

1860 by a pharmacist and has operated a homoeopathic pharmacy at 73 Duke Street, London W1, since 1890. Manufacturing laboratories were opened by the company at 215 Coldharbour Lane, London SW9 8RU, in 1977. ■

Other information sources

The Homoeopathic Development Foundation, 19A Cavendish Square, London W1M 9AD, was set up just over six months ago to promote research and disseminate information about homoeopathy.

The foundation runs an advisory service to the public, offering literature such as the booklet "Homoeopathy for the family", a guide to the treatment of minor ailments. Also available is Nelson's Homoeopathic Handbook (see above).

The British Association of Homoeopathic Pharmacists operates from the same address, as does the British Homoeopathic Manufacturers' Association which organises one-day introductory courses in homoeopathy for pharmacists. ■

WELEDA

WELEDA
Homoeopathic Medicines



MANUFACTURERS OF HOMOEOPATHIC AND ANTHROPOSOPHIC MEDICINES

Weleda have manufactured these medicines and a range of natural toiletries, which utilise many of the substances used in the medicines, since 1923. The strong perspex display unit on the left (height 17" depth 7 3/4" width 11 1/2") is made from clear and blue perspex. The packs are white with red and blue printing, and the total effect is both pleasing and clear. The stand holds a range of Homoeopathic medicines which are the most popular for family use and for the treatment of everyday ailments. The products to fill the display unit cost, at a special introductory price, £61.60 inc. V.A.T. The total R.S.P. is £103.20 inc. V.A.T.

INTRODUCTORY PACK + FREE DISPLAY UNIT AND FURTHER INFORMATION FROM: WELEDA (UK) LTD., HEANOR ROAD, ILKESTON, DERBYSHIRE DE7 8DR. Tel. 0602 303151.

From herbs to 17,000 medicines

Weleda (UK) Ltd have a range of over 3,000 medications which, when all the different homoeopathic potencies and pharmaceutical forms are considered, add up to 17,000 different remedies.

The company is launching an introductory package containing the 24 most frequently used remedies in a counter display unit for pharmacies (about £50 trade).

Weleda were founded in 1923 to make the anthroposophic medicines developed by Dr Rudolf Steiner, who saw the patient as comprising body, soul and spirit, with illness being caused by disharmony of the three.

Early in the company's history a range of toiletries was developed at the request of doctors because it was felt that, in keeping with the idea of patients working as a "whole", there should be no rigid dividing line between medical and cosmetic treatments. Natural products are used throughout and the preservative qualities come from the essential oils. Also offered is a range of herbal medicines for over the counter sale.

Weleda can provide bulk supplies of tablets and other dosage forms from which pharmacists can dispense against prescriptions from homoeopathic doctors. Most of the company's business is by mail order to practitioners (about 90 per cent) or to members of the public who have previously received the treatment from a doctor. The company employs two pharmacists, one in charge of overall manufacture and supply, and one involved in quality control.

Many of the plants used in manufacture of the range are grown organically in the one-third of an acre of garden surrounding the company's UK headquarters in Ilkeston, Derbyshire. Quality control involves microscopical and organoleptic examination of the herbs, analysis of incoming supplies such as ethanol to see that they comply with BP standards, and documentation of each stage of processing starting from when the plants are picked through to when the highest potency is made.

Physical and chemical tests such as refractive index, alcohol and water



Growing herbs for Weleda

content, can be carried out on mother tinctures but, in general, analysis of their active principles is meaningless. Certain well known alkaloids or glycosides can be identified easily but usually the action of the medicine is based on the whole plant rather than one isolated constituent. Quality control at this stage therefore depends on comparisons rather than quantitative measurements and the pharmacist would reject, for example, a batch of mother tincture whose chromatogram showed too much variation from the norm.

Promotion

On promotion of their OTC range, Mr Martin Viner, director, Weleda (UK) Ltd, says: "It's important that we behave in a responsible way with products like these and don't take advantage of people's gullibility. It's not an occasion for hard selling in the form of aggressive advertising.

"But we are under no illusions that our products will take themselves off the shelves as if by magic, so we do offer a continuous programme of support with a more educational approach. Our representatives are not involved in taking orders—we do that by regular telephone calls—so they are free to organise talks, train staff and set up in-store demonstrations using leaflets and slide presentations. This appears to work well. Our only pre-requisite is that retailers make some attempt to understand the theory behind our products.

"There has been a growing interest from non-pharmacy outlets, such as health food stores, in our medical products and, although they are classed as GSL we would like to see more of our sales going through pharmacies." ■

Biochemic remedies—a related area

New Era's biochemic tissue salts, while they have homoeopathic effects, are homoeopathically prepared and are listed in homoeopathic pharmacopoeias, are regarded more by the company as products for self-medication.

Dr W. H. Schuessler, who pioneered the biochemic system of medicine, believed that any tissue-salt deficiency or imbalance results in disease, the symptoms varying according to the salt which is lacking. The system involves the use of 12 mineral or tissue salts, normally present in healthy human blood, to restore the balance. The function of the New Era biochemic remedies is therefore regarded as nutritional, and the range offers the 12 tissue salts, plus a series of combinations of these salts and the recently-introduced self-care products. All are at 6x potency and the tablets are made by moulding rather than compression, so that they disintegrate readily in the mouth and are quickly absorbed by the mucous membranes.

The biochemic remedies have product licences of right under the Medicines Act. The company is not at present trying to seek full product licences although a recent conventional clinical trial of Combination N was a step in that direction. The trial set out to compare this preparation with a well-known anti-inflammatory analgesic in dysmenorrhoea. Ironically, the trial had to be abandoned when the orthodox method practitioner co-ordinating it opted for full-time homoeopathy!

HOMOEOPATHY

"It would be good to think we could finance the trials needed for full licences but the costs are so prohibitive it can only be a long term goal," says Mr Geoffrey Tridgell, managing director. "Hopefully we will be able to continue promoting these products under our licences of right. Besides, I don't think we will ever get to the stage where homoeopathic practitioners will be happy to prove them in the same way as conventional medicines because they are treating the whole person rather than blocking the disease.

"We have files of testimonial evidence from patients who claim the products have worked but, of course, the Department of Health will not accept these as proof of efficacy. We can only hope the Department will show a change of attitude—not necessarily in being more lenient with the claims we can make but in allowing experts in this area, such as doctors and pharmacists qualified in homoeopathy, to sit on the relevant committees and have the final say on efficacy."

The licences of right enable the company to label its rheumatism tablets, for example, as "a biochemic remedy for rheumatism" which Mr Tridgell admits is saying, in effect, about as much as they could say with a full licence.

Distribution

Most of New Era's sales (60-70 per cent) are through health food stores, but the national advertising that started in July 1979 for combination remedies and the Hymosa range resulted in a massive increase in sales through pharmacies. Between 30-40 per cent of chemists now stock the biochemic remedies.

Mr Tridgell says there are no plans to extend distribution to other outlets: "In pharmacies there are people qualified to give advice on medicines and in health food stores the staff are interested in and may have had some training in the principles of alternative treatments, so we feel it would be ethically wrong to go into drug stores or grocers where the staff are not interested in learning about products and imparting the correct information."

Promotion is a mix of advertising and public relations. The overall spend on the whole range for the year until the end of April is £150,000 and a similar spend is planned for next year. Advertising will appear in national

dailies and monthly and weekly magazines, including the women's Press. Television is out, because the company believes that not enough information can be put across in such a short time.

Training courses and films for retailers are being considered for next year. POS material takes the form of a display outer for the self-care range, with showcards and leaflets to explain the use of tissue salts and Hymosa toiletries.

In summary, Mr Tridgell confirms that the climate of opinion is changing towards natural systems of medicines with the swing coming mainly from the orthodox side of the fence.

"Unfortunately it is still mainly the patients with refractory conditions who try these alternatives after they have tried everything else. If only we could get doctors to try kali phos first, for example, instead of Valium, we could save the NHS a fortune!" ■

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A pharmacist warns: Do not 'dabble'!

Homoeopathy is not something to dabble in. It must be taken up wholeheartedly or not at all, warns Mr John Ainsworth, who runs a totally homoeopathic pharmacy in London's West End.

The reasons? Firstly, to offer a comprehensive OTC and prescription service could involve carrying up to 2,000 remedies in different potencies. Secondly, questioning patients takes time—he can often spend 10 minutes deciding how best to treat someone with a common cold, for example. And thirdly, it is a vast subject that can take a qualified pharmacist a further three years to learn and understand.

"To some extent pharmacists can treat a few minor ailments but as soon as you get into more complex areas you need a much deeper knowledge," he says. "As in orthodox pharmacy it's a question of exercising your professional skill and after talking to the patient for 15 minutes you may decide he or she is best referred to a doctor. Because homoeopathy is so patient specific I do not think it can tread the same path as orthodox medicine, and general distribution of these remedies through pharmacies would not be a good idea."

The only time he would recommend pharmacists to "dabble" is if a local homoeopathic doctor or "knowledgeable customer" requests supplies. "In this case it is best to order as and when you need to, rather than keep vast quantities in stock."

Mr Ainsworth, who qualified as a pharmacist in 1949, took up homoeopathy "by chance" when he went to work for A. Nelson and Co after the war.

"I was extremely sceptical at first and didn't believe a word of it," he explains. "But once when I was ill I took some homoeopathic medicines myself and they worked. I think that's what convinces most people; they believe it's faith healing until they try it for themselves and get a positive response."

Mr Ainsworth worked for Nelson's for some 30 years before opening his own business in May 1978 at 38 New Cavendish Street. Situated



Mr Ainsworth gives advice to a patient in his homoeopathic pharmacy. Below: Adding the potentised solutions to tablets

close to several homoeopathic doctors and a hospital, the business concentrates on private prescriptions and has a Royal Warrant to supply medicines to the Queen. If he had an NHS contract he would also have to carry a range of allopathic medicines which he declines to do, largely because homoeopathy keeps him fully occupied.

The dispensing is time consuming. Most of the orders are taken by telephone, each of the prescriptions is individually priced and every one is different. Many of the supplies are sent by post and the incoming cheques then need sorting.

As a general rule, medicines over 6x potency do not need a doctor's prescription unless the substance is controlled by the Misuse of Drugs Act. Substances listed as Prescription Only medicines under the Medicines Act therefore become POM when more concentrated, ie of lower potency, than 6x.

In spite of his caution about leaping on to bandwagons, Mr Ainsworth believes that if there is a growing demand for homoeopathic remedies, this demand should be channelled through pharmacies rather than health food stores, and pharmacists should therefore be knowledgeable about their use.

"But the media seem to have generated a bit of a frenzy about

alternative medicine in recent months. Homoeopathy has been around for nearly 200 years and has been available on the NHS since its inception, so it seems unrealistic to drag it into this area of fringe medicine as if it were something new that everyone should get in a frenzy about." ■



Marketing retail pharmacy to stay competitive

"Whether you recognise it or not, retail chemists are a marketable commodity." That central message was given to Numark's Paris Convention last weekend, when the convention's overall theme of "Accent on growth" was given weight by the launch of a new finance scheme (jointly with NPA) and of a portable data terminal for computer-based ordering.

The "marketable commodity" concept was stressed by Mr Arthur Trotman, managing director of Independent Chemists Marketing Ltd. As retailers, chemists needed to understand what motivated customers' buying decisions, the factors identified by manufacturers being product quality, packaging, advertising and pricing. Together these amounted to the company's or product's "image".

Every chemist has an image, said Mr Trotman, and every chemist is in a competitive trading situation—including NHS prescriptions. It was Numark's function to provide them with marketing resources and to market retail pharmacies to the shopping public.

However, different people used

the chemist for different needs, and those needs changed according to age, health, single/married status. "I know of no other type of retailer who is expected to provide such a wide range of services to such a wide range of shoppers and their needs, and this accounts for the extremely wide range of products chemists invariably stock (7-10,000) endeavouring to satisfy the wide customer need.

Difficult group

"Retail chemists generally are looked upon as a difficult group to serve and satisfy. They are—but it is time to put on record that running a retail pharmacy is like running no other retail business.

"No other retailer serves across the entire social class, income group, and age range as does the retail pharmacist, who has to maintain the delicate balance of professionalism with trading. The average housewife is difficult to find."

The chemist's best customers were largely housewives with children and elderly people, but overlaid with a pattern of regular customers—primarily female with a high need for a "convenience" shopping factor and a regular need to have prescriptions dispensed.

The convention then heard of some price research carried out a day or two earlier. Crest cost 49p in an independent pharmacy but 41p in Tesco; Silvikrin hairspray 59p against 54p; hand cream 69p against 65p—but a hair colourant was priced identically.

Mr Bert Chambers, from the A. C. Neilsen research organisation,

said pharmacy had been waiting at a cross-roads for some time—and the longer it waited, the more crowded the roads became. The choice was whether or not to diversify into other areas of retail activity and if so, in which direction, bearing in mind that large grocers were the main competitors.

Mr Chambers produced statistics to suggest that the chemist should not even attempt to compete on canned or processed commodities, "nor on toiletries, because you cannot meet their prices". Such items were also increasingly part of the weekly shopping list. Instead the concentration must be on areas of strength, likely to be activities in which trained staff could be of assistance to the consumer.

Areas singled out for mention were photography, expensive cosmetics (with a toiletries rub-off when a reputation was built up) and baby care (including clothes, but not canned foods). These were high margin activities, and it was only by building on such strengths that customers could be given a reason for calling on the chemist.

"Only in this way, by increasing your customer flow, will you even begin to compete with supermarkets and drug stores for a share of the sales of toiletries and other frequently-bought commodities".

Mr Trotman said: "The picture for chemists generally is not a happy one, but we know from our OTC sales that Numark members perform better year-on-year. Non-Numark chemists must be suffering worse on OTC than the figures quoted by Bert Chambers."

Advantage of scale

But why did multiples and chain stores continually gain market shares? "The scale of their operations is of course an advantage. They have bigger shops, carry wider ranges of commodities—and I do not mean bigger ranges. (On the contrary, they tend to cream off the best selling lines in the commodity group sections.)

"Multiples achieve higher sales per employee—independents £350-400—multiples £500-700. Multiples specialise and develop a corporate trading image which acts as a customer attraction.

"Multiples exploit their customer flow with a wide range of merchandise which may or may not be as competitive as their specialist trading image may imply. All too often we

Arthur Trotman makes his point



recognise that in retailing it is not what people get, it is what they think they get that attracts them into certain shops.

"Economies of scale are a particular problem for the small independent who is limited by capital, property and space. I was once told (and I know it to be true from my working experience) 'There is hardly a problem in distribution that volume will not solve'. Numark provides the scale in buying and selling from selling through to economics."

Mr Trotman said every chemist should recognise that the whole of net profit comes from the last 10 or 20 per cent of annual turnover. "Extra net profit is derived when our fixed and variable costs are covered. It is only by achieving economic ratios on our expenses geared to our sales, can we achieve satisfactory profitability—through a study of the right mix of merchandise and gross margin mix."

"The key is to get to the trading position where an increased proportion of gross profit is virtually net profit." And Mr Trotman added that there were few opportunities today for 50 per cent margins!

Numark on top

Putting Numark's performance in perspective, Mr Charles Morris-Cox, national promotions manager, compared the major wholesaler groups' turnovers in 1980: Sangers £130m, Unichem £167m, Vestric £200m, Numark's 16 wholesalers over £300m. "The polarisation of retail accounts, forecast as resale price maintenance collapsed, is now with us. Retail pharmacists are making their choice of first and second wholesale suppliers and dropping the rest."

Mr Morris-Cox said the figures showed that Numark wholesalers were winning out because of the totality of their service, including monthly advertised promotions. "The purpose of Numark promotions is not merely to sell more products at cut prices but to develop overall the credibility of the retail pharmacy as a place to 'shop'. This is being achieved, but it is certainly not a change that can be effected overnight."

"We can compete by offering the consumers really keen prices although we may not always manage to be the lowest. It would be very easy to find ourselves being busy fools—a trading attitude which has taken many on the road to Carey Street. The right course for retail pharmacy is that it be perceived by the public to offer 'value for money'—that combination of competitiveness, service and choice which, when effectively applied, means more than just low prices alone."

Mr Morris-Cox stressed



"He believes in getting into the swing of things!"

"perceived by the public"—it was therefore essential to ensure that everyone possible knows about the competitive prices through promotions, merchandising and advertising.

Many Numark members reported buoyant sales over the Christmas period. The November/December audit of the TCP Index gave independent chemists a 13 per cent share of trade—up 1 per cent on the previous year. "The signs are that Numark chemists' turnover was well up by comparison with other retail performance."

Two manufacturer representatives—Bryan Dix of Colgate-Palmolive and Jack Laming of Lilia-White—talked about recent changes in trading conditions. Mr Dix said the switch from a direct selling policy to chemists to distribution essentially through chemist wholesalers, had been embarked upon with some trepidation. "But for us and we know for Numark wholesalers and retailers, it has paid great dividends."

Mr Laming agreed, adding: "Since we made our decision to work through wholesalers our direct calls on chemist outlets have been reduced by

75 per cent. Numark is now our top chemist wholesaler customer, and justifies our policy to support independent chemists through wholesalers."

"Against the growth of sanpro sales in grocery outlets, our Lil-lets brand has increased by over 20 per cent through Numark in the past three years. Grocers may have taken shares from chemists, but Numark has increased its share of Lilia-White business, suggesting that its members are improving their comparative positions."

It was revealed that both Lilia-White and Colgate-Palmolive did more than £1m business with Numark in 1980.

Thinking retail

Mr Morris-Cox attributed Numark's success to the fact that over the past five years executives and wholesalers had schooled themselves to "think retail, act retail, work for retail." It was a sales-minded organisation. "We must move more merchandise and in so doing reduce

Concluded on p554

Audience at one of the working group sessions



All NPA members to benefit from new finance scheme

A finance plan—named “Accent on growth”—has been launched as a joint venture by the National Pharmaceutical Association and Independent Chemists Marketing Ltd. Although announced at the Numark convention, it will be available to all NPA members to develop their businesses.

Launching the scheme, Mr Tim Astill, NPA deputy secretary, said the aim was to help members get easier access to finance and to think positively about capital investment—to ask “Can I afford *not* to do it?” rather than “Can I afford it?”

The scheme, which has come to fruition through the co-operation of the National Westminster Bank, will

be flexible to meet the needs of the individual member: amounts can be from £2,000 to £100,000; loan periods one to ten years; with or without security; fixed or fluctuating interest, and loan or overdraft.

Mr Astill said the scheme would be a major stimulus for development and real growth in independent pharmacy—a basis to be used by NPA and Numark for encouraging retail pharmacy proprietors to expand, especially their OTC business.

For initial advice about capital developments members will be encouraged to go to ICML or NPA to make use of their site-evaluation services. They can also talk to the local Natwest branch manager.

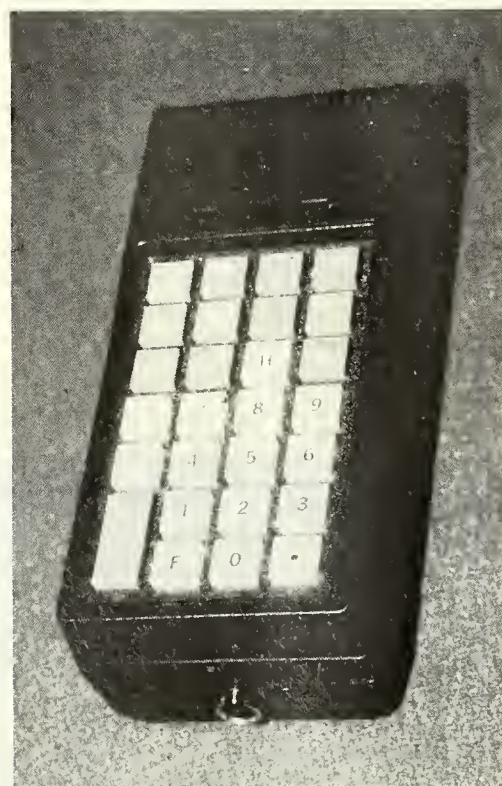
ICML wholesalers to launch portable data terminals

Phased introduction of a portable data terminal (PDT) by most Numark wholesalers during the next few months was announced to the convention by Mr Chris Trebble, computer manager.

Based on MSI equipment, the terminal fulfills all the basic criteria which ICML have believed essential to enable the proprietor pharmacist to remain independent of wholesalers when adjusting computer ordering and stock control. It has three “pages” for entry, accepts a six-digit code with four-figure quantity, can be upgraded to full alpha—and is totally reprogrammable.

Mr Trebble pointed out that individual pharmacies have different requirements, so any computer system must be flexible. The user must be able to select the elements he required from a package, confident that all would work together and that other elements—such as POS terminals—could be added later.

A PDT must be able to accommodate details of more than one order at any one time (making it possible to check the morning's order against delivery while storing the afternoon's order, for example). It must be programmable to adapt to new circumstances and it must be multi-application, that is, not



Portable data terminal being phased-in by Numark

restricted to order entry (PDTs can be used to prepare data for a POS terminal, for example).

The price of the terminals has yet to be decided, but is expected to be similar to the equivalent Unichem rentals

Marketing the pharmacy *Concluded from p553*

the ratio of our expenses against sales. We must increase sales per assistant and per square foot of shop sales area. Where necessary increase the selling area in shops. Productivity is the keynote to profit.

“Are we constantly reviewing our pattern of customer traffic throughout each and every day of the week? Can we re-schedule our part-timers more effectively? Can we change a full-timer into two part-timers and line their hours with the peak sales time throughout every trading day? Do we employ staff who make more money by creating extra sales and encouraging customers to come back to the shop time and time again? Are our sales assistants sales-minded?”

This brought Mr Morris-Cox to the question of staff training (dealt with in a later session by Mr Graham Arundell) and money—about which NPA deputy secretary had news for the convention.

On stock, Mr Morris-Cox said that wholesalers' PLOFs had helped Numark members on the first steps to sounder stock and inventory management.

“ICML has now introduced a common inventory—a major step in the integration of Numark's growing buying power. The existence of a line in the inventory will represent Numark recognition of its National significance and viable turnover, worthy of stocking by all Numark wholesalers and in turn by Numark retailers.

“Manufacturers with a good record of service, reliability and effective marketing back-up have absolutely nothing to fear from this development—in fact they can only gain. But through the filter represented by the inventory, Numark wholesalers and central office will be able to reduce the legacy of dead and slow-moving lines that have been left by the chemist's readiness to take a risk with new products.” ■



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PMI profits maintain current ratings

After experiencing a period of underwriting losses, Pharmacy Mutual Insurance Co Ltd have announced a net profit of £365,181 and now expect to maintain current rates despite increased charges being levied by other insurance companies.

Gross premium income has increased by 28 per cent to £1.3m, with retained premium up 46 per cent to £1.2m. The latter's sizeable improvement is largely due to a change in re-insurance arrangements, resulting in a higher retention rate of the company's own premium.

On the reports and accounts to September 30, 1980, a "sound financial position" is recorded—increases in premium income has been above the level of inflation and the membership has increased by 119. ■

Interferon contract for Wellcome

Wellcome Foundation has contracted to supply lymphoblastoid interferon to the US National Cancer Institute. An agreement was also made with the Government of the Province of British Columbia whereby Wellcome will supply its interferon to a crown corporation, Pacific Isotopes and Pharmaceuticals Limited, for clinical trials in Canada.

It is estimated that, as a result of these arrangements and of its own clinical evaluation programme, Wellcome interferon will be used within the next 12-14 months in controlled studies in 500 to 1,000 patients with various forms of cancer. ■

Trident claim test market success

Trident television, who have the oldest and "most firmly established" sales force available from television companies, are claiming excellent results from recent campaigns.

"Nowadays," say Trident, "most

major manufacturers have a national sales force supplemented by wholesalers. Good enough for ensuring nationwide sales but not having the manpower or local knowledge to generate that crucial retailer acceptance among smaller, independent outlets".

Farley's, Sterling Health, Alberto-Culver and Peaudouce have all used Trident's team and comment on the advantages of local knowledge.

This is an aspect picked up by SOS Talisman Co Ltd when they wanted greater distribution for their range to coincide with television support in the Yorkshire and Tyne Tees area: "We were supporting the range in other areas as well, and looking to increase distribution in the same way there," says a spokesman, "But the Trident results were the best and we believe this was mainly due to the fact that the sales force is so well led. We were more than satisfied with what they achieved."

The Trident area is the second largest television marketing area in the UK and has 15.5 per cent of ITV net homes. With a demographic profile close to the national average, Trident say it is an ideal place to conduct test launches. They currently run a 16 strong, permanently employed, team operating as a service unit within the Trident airtime sales department. ■

Searle to invest £32m in research

G. D. Searle & Co have announced plans to invest more than £32 million in pharmaceutical research and development worldwide in 1981, an increase of 26 per cent over 1980.

"Based on industry data over the past two decades, we believe there is a direct relationship between successful new drug development and the volume of resources applied", says Dr Daniel L. Azarnoff, president of Searle's research and development division. "Therefore, Searle's expanding investment in research and development will provide the resources which, coupled with improved productivity, should significantly

increase the company's flow of new products in the years ahead."

At Searle's research complex in High Wycombe, Bucks, the company began construction of a £6.4m biotechnology development plant in 1980. The new facility, expected to be completed late this year, will permit increased production of fibroblast interferon each month and to scale up production of molecules made by recombinant DNA methods. ■

Dow acquisition confirmed

The acquisition of the "ethical" pharmaceutical business of Richardson Merrell, by Dow Chemical Co has been approved (*C&D*, November 8, 1980 p770).

The business has been renamed Merrell Dow Pharmaceuticals Inc and becomes a subsidiary of Dow Chemical Co. In the UK, two companies have emerged. The former Merrell division of Richardson Merrell becomes Merrell Pharmaceuticals Ltd, and Richardson Merrell Ltd itself becomes Richardson-Vick Ltd. All orders for Merrell products should be sent to Merrell Pharmaceuticals Ltd, Sales Office, Pimbo Road, Skelmersdale, Lancs, WN8 9PE. Conditions and terms of sale remain the same. ■

Higher allowances for Job Release

Mr James Prior, the Secretary for Employment, has announced increased allowances payable under the Job Release Scheme which enables people to give up work earlier. From April 6, 1981 allowances will be increased as follows: From £45.50 to £50.50 a week, tax free, for married people with a dependent husband or wife whose net income does not exceed £11 a week. From £36 to £40 a week, tax free, for all other applicants. These rates apply to men aged 64 and women aged 57.

From £53 to £59 a week, taxed, for disabled men aged 60-63, married with a dependent wife whose net income does not exceed £11 a week. From £43 to £47.50 a week, taxed, for all other disabled men aged 60-63.

Employers must undertake to recruit from the unemployed register, though not necessarily in exactly the same job. An employer releasing a disabled person will be required to recruit an unemployed disabled person as a replacement wherever possible. ■

Attempt to solve training problems

The launch of a series of projects to tackle training problems associated with expanding applications of new technology in retailing, wholesaling and mail order businesses has been announced by the Distributive Industry Training Board.

These projects are co-ordinated into what the Board is calling its "DISTec" initiative. They will range from a series of training and information aids to a development project on the management, training and organisational implications of new technology.

Mr John Flood, deputy general secretary of USDAW, who is chairman of the DITB's technology sub-committee, explained: "The first phase of our DISTec project will be aimed at the small and medium-sized firms who do not have the resources to employ specialised staff and who must update skills of existing employees to keep pace with their competitors, and the requirements of changing technology.

"In the medium term we will be producing training material on the electronic office and point of sale equipment and the DITB will be sponsoring micro-processor awareness and appreciation workshops."

The first group of DISTec aids are scheduled for publication from mid-summer onwards. They will include a guide on how new technology can aid the efficiency and profitability of the small business, video programmes on systems already in use and training packs on basic computer techniques. ■

Planning fees

Draft regulations laid before parliament will, if approved, implement a scheme of fees for planning applications. The fees—payable to local authorities—are designed to recoup part of the cost of development control.

The proposed fees vary according to the use of the building and whether outline, or full permission is being sought. Full planning permission for commercial premises, for example, would attract fees of £40 per 75 sq m, subject to a maximum of £2,000.

Several exemptions are proposed including an absence of charges for planning appeals. The Town and Country Planning (fees for application and deemed application) Regulations 1981 are available from HMSO (£1.70). ■



Upjohn Ltd employees have raised £4,000 in memory of one of the company's medical advisers, Dr Brian Copley, who died last year. The money will help equip a rifle shooting range for the British Paraplegic Team at Stoke Mandeville Olympic Village and the company is matching the amount raised with a £4,000 donation to the Stoke Mandeville Hospital Appeal. Pictured at a presentation at the House of Commons are: (back row left to right) Mr Eldon Griffiths MP; Mrs Faith Copley; Mr Patrick Jenkin, Secretary for Social Services; Mr G. R. Rodgers, managing director, Upjohn Ltd; (front row) Tommy Taylor, chairman, Paraplegic Athletic Club, Stoke Mandeville; Jimmy Saville OBE; Miss Jane Blackburn, Sussex Disabled Sport Association

Braun not in red—but profit reduced

Contrary to a common interpretation of reports in the financial Press, Braun's worldwide interests continued to make a profit—if reduced—in the fiscal year 1980.

While the West German interests—the only sector the reports referred to—did suffer a Dm 2.4 million loss, this was largely due to extraordinary costs involved in the transfer of Braun AG's photographic business to Bosch. Worldwide, Braun products made a \$23.6m profit from operations, \$7m down on 1979.

Over the next few years all Braun's photographic operations will be transferred. ■

Official opening for Vestric head office

Vestric's £1.6 million purpose-built head office in Runcorn New Town, two miles from the site of the company's former headquarters, was officially opened last week.

The new air-conditioned building, has two floors and 50 offices with conference and catering facilities. Total floor area is 27,000 sq ft and the

building contains all administrative, marketing, product management and accounts departments. Vestric's computer centre, however, remains at Speke, Liverpool.

Declaring the building officially open, Sir Austin Bide, Glaxo chairman, said: "The decision was taken some four years ago that the time had come to move out of the old headquarters at Chapel Street . . . The decision to stay in Runcorn was taken because Runcorn is a very fine communications centre for all parts of the country with its motorway complex, road links and easy access to both Manchester and Speke airports". ■

Briefly

■ **G. F. Dietary Supplies Ltd** have moved to Lowther Road, Stanmore, Middlesex HA7 1EL; telephone 01-206 0522; telex 21875.

■ **Anko Store Fixtures Ltd** have published a glossy "gatefold" brochure covering their products and services for shopfitting. Copies are available from Anko at: Eldon House, 10 Eldon Road, Reading, Berkshire.

■ **LRC Products Ltd's** marketing, sales and order departments are to be located at the following address from April 1: North Circular Road, London E4 8QA; telephone: 01 527 2377; telex: 21644.

■ **Nordic Pharmaceuticals Ltd**, distributors for Ferring Pharmaceuticals, are moving to 11 Mount Road, Feltham, Middx TW13 6JG; telephone 01-898 8665; telex 935729. Effective from March 23.

■ **Wilkinson Match Ltd** have changed their name to Wilkinson Sword Group Ltd, reflecting the "international strength of the Wilkinson Sword name". The change of name of the holding company does not affect the operating names of subsidiaries.

■ **Smith & Nephew** have reported sales of £175.9m for the 40 weeks to October 4, an improvement of 14.7 per cent. Pre-tax profits rose 6.6 per cent to 16.7m. End of year accounts will show a write-off of some £3m due to the disposal of their cosmetic interests (C&D, November 22, p850).

■ **Medi-Pack Ltd's** marketing and distribution operations have been moved to Smith & Nephew's centre at: Bessemer Road, Welwyn Garden City, Herts, AL7 1HF; telephone 07073 25151. Production of Medi-Pack products will be located at Smith & Nephew's Hull factory where contract sales will be dealt with. The move follows the sale of Smith & Nephew's cosmetic interests, last year, of which Medi-Pack was a subsidiary. ■

COMING EVENTS

BPC programme

The provisional programme for the 1981 British Pharmaceutical Conference has now been arranged.

Sunday, September 13 Evening:

Welcome to Brighton. Local entertainment and disco.

Monday, September 14 Morning:

Opening ceremony. Welcome by the Mayor of Brighton and addresses by Dr G. Vaughan, Minister for Health, the president of the Pharmaceutical Society, and Professor S. S. Davis, Conference science chairman.

Exhibition opens. Afternoon: Science award lecture by Professor E.

Tomlinson, University of Amsterdam.

Science sessions. Professional session on "Information to patients". Speakers

are Dr A. Maryon-Davis, acting chief medical officer, Health Education Council, Mr D. Tench, legal adviser, Consumers' Association and Mr J. E. Balmford, member of Council, and general practice pharmacist. Evening: Civic reception.

Tuesday, September 15 Morning:

Science sessions. Professional session on "Self-reliant patients—the role of the pharmacist". Speakers are Dr J.

Farwell, DPhO, St Bartholomew's Hospital, on "Total parenteral nutrition" and C. Chard, scientific and regulatory affairs manager, Travenol Laboratories and Dr R. Gokal, lecturer in medicine, Royal Victoria Infirmary, Newcastle, on "Continuous ambulatory peritoneal dialysis".

Afternoon: Science sessions. Pharmacy practice research session. Evening: Banquet. Guest speakers Sir David Napley, former president of the Law Society, and the Rt Rev Peter Ball, Bishop of Lewes.

Wednesday, September 16 Morning:

Science sessions. Science

demonstrations/poster session.

Professional session on "The future of pharmacy in non-prescription medication". Speakers are Dr D.

Steinbach, lecturer, School of Pharmacy, University of Frankfurt, and member of the German Homoeopathic Pharmacopoeia

Commission, on "The pros and cons of homoeopathy", Dr J. D. Phillipson,

reader in pharmacognosy, School of Pharmacy, University of London, on

"The pros and cons of herbal remedies" and Dr I. Michaels, general

practice pharmacist, on "Drugs available to the pharmacist, not on prescription". Afternoon: Science

demonstrations/poster sessions. History of pharmacy session. Science

group business meeting. Evening:

Regency banquet.

Thursday, September 17 Morning:

Symposium session on "The management of mental illness".

Speakers are Dr P. Jenner, senior lecturer, department of neurology, Institute of Psychiatry, on "Design and performance of suitable drugs", Dr N. W. Imlah, medical director, All Saints Hospital, Birmingham, on "Use of drugs in the treatment of mental illness", and Dr B. W.

Durrant, consultant psychiatrist, Oakwood Hospital, Maidstone, on "Application of alternative therapies".

Afternoon: Conference lecture on "Genetic engineering" by Professor

E. A. Bevan, Professor of Genetics, Queen Mary College, University of

London. Closing session. Evening: Conference ball.

Friday, September 18 Post-conference

excursion to Dieppe.

The registration fee will be £8 for those attending the full conference

or £2.50 for each day attended.

Application forms will be available at the end of March from Miss C. A.

Jeffreys, Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN. ■

Monday, March 23

Plymouth Branch, Pharmaceutical Society. Tamar Hotel, at 8 pm. Wine and buffet evening.

Tuesday, March 24

Bristol Branch, Pharmaceutical Society, Edward Jenner Centre, Bristol Royal Infirmary, at 8.15 pm. Mr D. J. Dalglish, member of the Society's Council, on "Pharmacy policy—no U-turns".

Hull Pharmacists' Association, Francis Reckitt Centre, Dansom Lane, at 7.15 pm. Members dinner with Gordon Appelbe, head of the Society's law department, on "Is pharmacy a profession?"

Wednesday, March 25

Crawley, Horsham & Reigate Branch, Pharmaceutical Society, Upjohn Ltd, Fleming Way, Crawley, at 8 pm. Dr P. Stilman on "Relationships between doctors and pharmacists".

Thursday, March 26

Bedfordshire Branch, Pharmaceutical Society, Bird-in-hand, Henlow Camp Crossroads, at 8 pm. Mr J. Schulman, general practice pharmacist, on "Patient medication records—a matter of urgency".

Brighton Branch, Pharmaceutical Society. Brighton General Hospital postgraduate medical centre, Elm Grove, at 7.15 pm. Annual meeting with local division of the British Medical Association. Buffet supper followed by Dr K. Sparks, medical information department, Glaxo Laboratories Ltd, on "Development of steroids in dermatology".

Edinburgh and Lothians Branch, Pharmaceutical Society, King's Manor Hotel, at 8 pm. Mr C. C. B. Stevens on "Product liability and its effect on pharmacy".

Wirral Branch, Pharmaceutical Society. Clatterbridge Hospital postgraduate medical centre, at 8 pm. Joint meeting with Wirral vets. Dr A. Knifton, senior lecturer in veterinary pharmacology, University of Liverpool, on "A time to be born—hormones and parturition".

Friday, March 27

Croydon Branch, Pharmaceutical Society. Greyhound Hotel, Carshalton. Working dinner with Dr B. A. Wills, chief pharmacist, DHSS.

Advance Information

Guild of Hospital Pharmacists, Tower Hotel, St Catherine's Wharf, London, E1, at 7 pm. Presentation of 1980 Nicholas Award-winning paper. Mr David Wolfson, principal pharmacist, Whiston Hospital, Prescott, on "The contribution which can be made by a pharmacist in the formulation, acceptance, monitoring and success of an area-wide antibiotics policy".

Proprietary Articles Trade Association annual general meeting, Connaught Rooms, Great Queen Street, London WC2, on April 30, at 2 pm. The meeting is open to members of all sections.

MARKET NEWS

Bismuth dearer

London, March 17: Bismuth salts have risen by about 10 per cent during the past week. Pethidine and cocaine were also marked up but opiates were unchanged. Phenobarbitone and some of the sulphathiazoles have been reduced, presumably to meet competition from imports.

Brazilian menthol and peppermint oil prices, although firm at origin, are being restrained from bigger rises because spot sellers are prepared to take their profits despite higher replacement costs.

In the essential oil sector patchouli and petitgrain were sharply up. Among botanicals, Cape aloes, Canada and Peru balsams were firmer in both positions while kola nuts were easier. Celery seed from India advanced £40 metric ton.

Pharmaceutical chemicals

Bismuth salts: £per kg.

	50-kg	250-kg
salicylate	9.90	
subcarbonate	7.52	7.39
subnitrate	5.82	5.72

Cocaine: Alkaloid £721 kg; hydrochloride £660.

Ether: Anaesthetic: BP 2-litre bottle £4.45 each for 175 bottles; one-metric ton lots, in 130-kg drums £1.85 kg Solvent, BP in 130-kg drums

£1.34 kg.

Mersalyl: Acid £64.90 kg in 10-kg lots.

Pentobarbitone: Less than 100-kg £25.67 kg;

sodium £27.27.

Pethidine hydrochloride: Less than 10-kg lots

£59.55 kg. Subject to Misuse of Drugs Regulations.

Phenobarbitone: In 50-kg lots £7.89 kg, sodium

salt £8.47.

Phthalylsulphathiazole: 50-kg lots £6.10.

Succinylsulphathiazole: £9.15 kg in 50-kg lots;

imported £7.80 (250-kg).

Sulphacetamide sodium: BP £7.25 kg for 50-kg.

Sulphadiazine: BP 68 £3.80 kg in 250-kg lots.

Sulphadimidine: £4 kg for imported in ½-ton lots

Sulphamethizole: £12.40 kg in 250-kg lots.

Sulphanilamide: BPC '68 £2.50 kg in 1-metric

ton lots.

Sulphathiazole: BP 1973, £4.50 kg in ½-ton lots.

Sulphaquinoxaline: BP Vet £11.65 kg; sodium salt

£14.52 kg both in 500-kg lots.

Crude drugs

Aloes: Cape £1,250 metric ton spot; £1,230, cif.

Curacao unquoted.

Balsams (kg) Canada: Dearer at £12.50 on

the spot; shipment, £11.40, cif. **Copaiba:** no

offers. **Peru** £9.45 spot; £9.20, cif. **Tolu** £6.15 spot.

Cochineal: (kg) Tenerife black brilliant £20 spot;

£19.75 cif; Peru silver £19.50; grey spot £19.40, cif.

Ginger: Cochin £600 metric ton spot; £550, cif.

Other sources not quoted.

Kola nuts: £480 metric ton spot; £430, cif.

Menthol: (kg) Brazilian £5.75 spot; £6, cif.

Chinese £5.10 spot; £5, cif.

Pepper: (metric ton) Sarawak black £750 spot,

\$1,450, cif; white £1,000 spot; \$1,985, cif.

Seeds: (metric ton, cif). **Anise:** China star £1,135

for shipment. **Celery:** Indian £425. **Coriander:**

Moroccan £180. **Cumin:** Indian £570. **Fennel:**

Indian £450. **Fenugreek:** Moroccan £275; Indian

£290.

Essential oils

Anise: (kg) Spot £12.40; shipment £11.80, cif.

Bois de rose: £7.25 kg spot; £7, cif.

Cananga: Indonesia £14.25 kg spot; £12.90, cif.

Cedarwood: Chinese £1.40 kg spot and £1.23, cif.

Patchouli: Indonesian £13.25 kg spot; £12.60, cif.

Peppermint: (kg) Arvensis—Brazilian £4.95 spot;

£5.10, cif. Chinese £3.20 spot; £3.15, cif. American

niperata £8.95, cif.

Petitgrain: Paraguay £9.10 kg spot; £8.80, cif.

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raced house requiring mod-
ernisation attached. Turnover 1980
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stock at valuation approximately
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goodwill, fixtures and fittings in the
region of £26,000.

X2—GWENT. Main road lock-up
premises in this pleasant residential
village, north of Newport. Turnover
to 31st December 1979 £151,387.
Scripts average 2,200 per month.
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mises are held on lease at only £350
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goodwill, fixtures, fittings and
leasehold interest of around
£37,500. Plus stock at valuation
which will be approximately
£12,000.

**X3—SALFORD (LAN-
CASHIRE).** Lock-up shop serving
council estate, turnover to 31st
March 1981 expected £90,000.
Based on 1,600 scripts per month.
Rent £750 per annum, Goodwill
and fixtures £8,000 plus stock at
valuation approximately £12,500.

**X4—SOUTH MAN-
CHESTER**—Pleasant residential
area. Scripts 1,300 per month, tur-
nover to 30th August 1980
£63,625. Lock-up premises on rent
at £1,660 per annum. Goodwill and
fixtures £2,000 plus stock at val-
uation approximately £9,000.

X5—SHEFFIELD—Old fashioned
pharmacy which would benefit from
modernisation, in busy shopping
centre near Halls of Residence, only
one opposition. Turnover to 30th
September 1980 £67,970. Premises
on lease £1,200 per annum, good-
will and fixtures £1,500 plus stock at
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X6—WIRRAL—This branch
pharmacy serves a pleasant resi-
dential area with turnover of
£83,507 and scripts 1,600 per
month approximately. The shop is
bright and well fixtured and there is
a 2/3 bedroomed flat above. Pre-
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X7—HIGH WYCOMBE—Drug
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**X8—SOUTH MAN-
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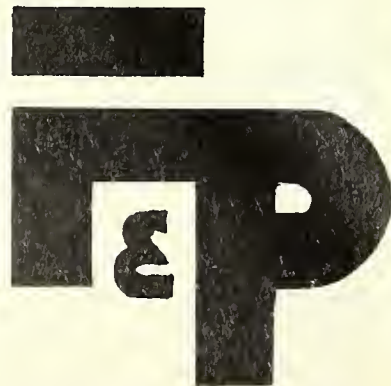
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Rubinstein 2 oz Sprays £1.05
Y.S.L. "Y" 4 oz E.D.T. Spray
Box Recharge £3.10
Coty Smitty Soap £2.40 doz
Coty Smitty Dusting Bowls £0.59
L'Aimant 50 gram Spray E.D.P. £0.99
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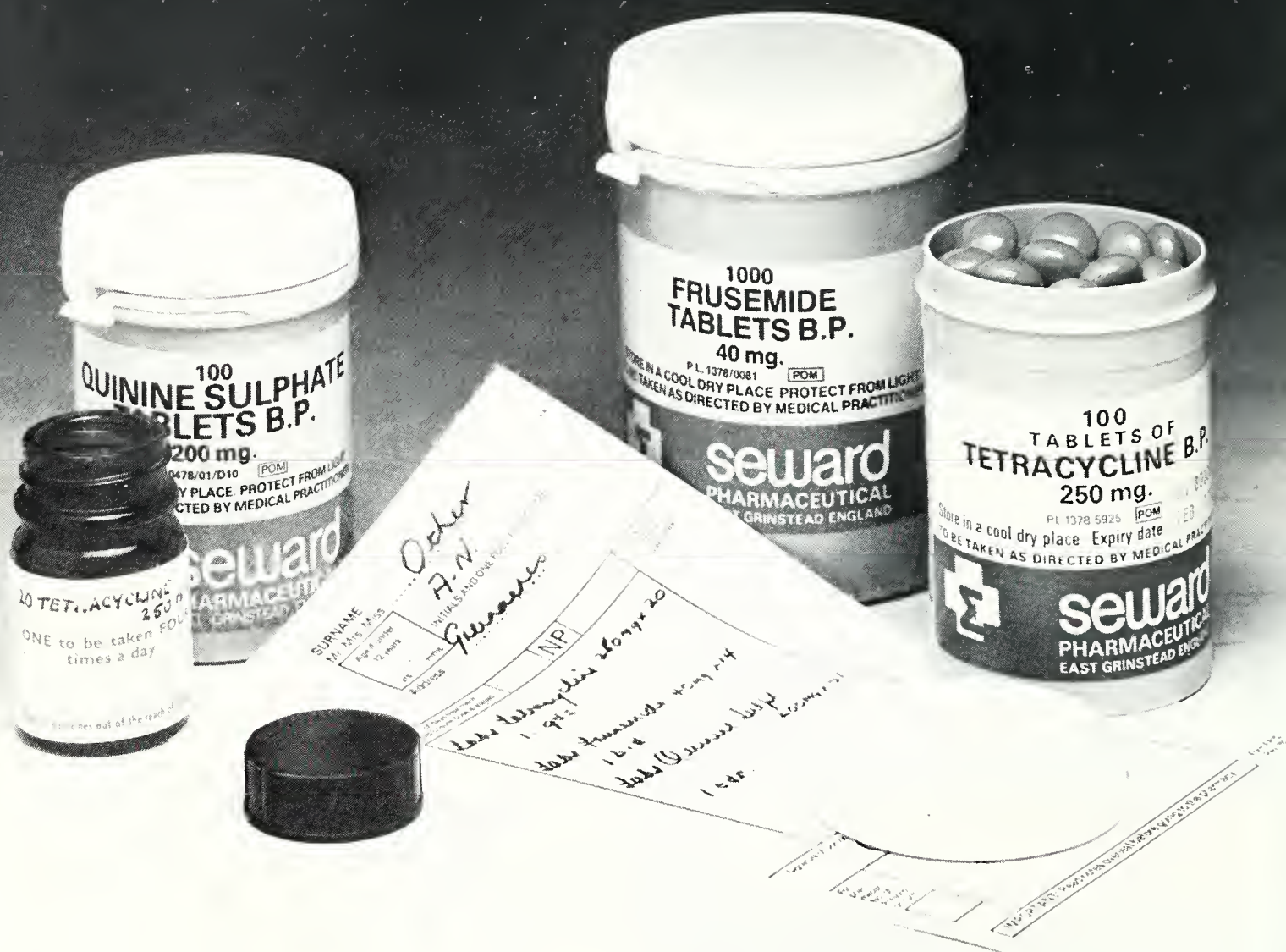
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The Triangle Trust 1949 Fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed, or formerly employed in the pharmaceutical industry in Great Britain and the British Commonwealth. Such relief may include assistance with the educational expenses of children.

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